

HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☐ other Triple Comp. Oil & Gas
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL X 1648' FEL, Unit 0
AT TOP PROD. INTERVAL: Sec. 15, T-24-S, R-37-E
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

| | |
|----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> |
| (other) | <input type="checkbox"/> |

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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Propose to acidize Tubb interval 5862-6101' w/3000 gals acid to stimulate production: Acidize down tbg at 1-2 bbls per min. & minimum pressures. Ran base temp & gamma ray survey. Pmp 1500 gals 15% NEFE acid w/50 gals Pentafax and 1 gal corrosion inhibitor per 1000 gals. Flush acid to perfs w/32 bbls 2% KCL water. Run after treatment temp & gamma ray survey. If necessary pmp block consisting of 250# rock salt in 250 gals 30# gelled brine. Pmp 1500 gals 15% NEFE acid w/50 gals Pentafax and 1 gal corrosion inhibitor per 1000 gals. Flush acid to perfs w/32 bbls 2% KCL water. Swab back load and evaluate production. (Verbal approval received from Roger Chapman on 11-12-81).

0+4-USGS, R 1-Hou 1-Susp 1-CLF

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED Cathy L. Forman TITLE Ast. Adm. Analyst DATE 11-13-81

APPROVED BY (Orig. Sgd.) PETER W. CHESTER (This space for Federal or State office use)
CONDITIONS OF APPROVAL, IF ANY: _____ FILE _____

NOV 18 1961

FOR

JAMES A. GILLHAM^{*S}
DISTRICT SUPERVISOR

*See Instructions on Reverse Side