

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

(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 ☐

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: (Unit K, NE/4, SW/4) Sec. 15

AT TOP PROD. INTERVAL: 1873' FSL X 2086' FWL

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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☐
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☐

JUL 1

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

U.S. GEOLOGICAL SURVEY
HOBBS, 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.)*

Moved in service unit 6-23-80. Ran a 5-1/2" cement retainer and set at 9786' above perfs 9790'-9830'. Squeezed perfs with 100 sacks Class H with .6% Halad-9 followed by 50 sacks Class H with .5% CFR2. Perforated 9740'-9776' w/4 DPJSPF. Spotted 70 gallons 15% NEFE HCL acid and ran packer and set at 9660'. Acidized with 6000 gallons 15% NEFE HCL acid in 2 stages. Flushed with fresh water. Moved out service unit and pump tested 0 BO X 128 BW X 0 MCF.

0+6-USGS, H 1-Hou 1-Susp 1-GPM

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

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

SIGNED Greg Mitchell TITLE Admin. Analyst DATE 6-30-81

(This space for Federal or State office use)

APPROVED BY Peter Chester TITLE _____ DATE 9-4-81

CONDITIONS OF APPROVAL, IF ANY: