

Form 9-331  
Dec. 1973Form Approved.  
Budget Bureau No. 42-R1424UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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

JUN 30 1981

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 C, 710' FNL X 1930' FWL,  
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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON\* ☐(other) ☐

5. LEASE

Has Cruces 032452(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

South Mattix Unit Federal

9. WELL NO.

22

10. FIELD OR WILDCAT NAME

Fowler Upper Yeso

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

15-24-37

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3251' GL

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

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.)\*

Pull tubing and clean well out to plug back. Run packer above perfs and test casing with top perf at 5169'. Run tubing, packer, and tailpipe. Spot 350 gallons 15% NE HCL across 5169'-5662'. Acidized with 6000 gallons 15% NEHCL acid. If scale squeeze is determined to be needed, supplemental brief will be sent in.

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

Subsurface Safety Valve: Many, and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED

TITLE Admin. Analyst

DATE 6-29-81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 27 1981

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side