

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 ☒ gas ☐
well well other2. NAME OF OPERATOR
Amoco Production Company3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, NM 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1840' FSL X 660' FEL, Sec. 15
AT SURFACE: (Unit I, NE/4 SE/4)
AT TOP PROD. INTERVAL:
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:

☐
☐
☒
☐
☐
☐
☐
☐
☐5. LEASE
NM-0321613
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
South Mattix Unit Fed.9. WELL NO.
3710. FIELD OR WILDCAT NAME
Und.11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15-24-3712. COUNTY OR PARISH
Lea13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3230.9 GR

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

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 4/1/80. Pulled rods and tubing. Ran tubing and packer to 6297. Spotted 250 gallons 15% NE HCL across perfs. Pulled up and set packer at 5983'. Acidized with 2500 gallons 15% NE HCL dropping 10 ball sealers per 5 bbls. acid. Flushed with 42 bbls. fresh water. Pulled packer and ran pumping equipment. Returned well to production. Production after workover in 24 hrs. was 24 B0, 7 BW, and 100 MCF.

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

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

SIGNED Marly Kotes TITLE Asst. Admin. Anal. DATE 4/10/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

0+4 USGS-H 1-Hou 1-Susp 1-MKE

