

COPY TO D. C. C.

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

**UNITED 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 <input checked="" type="checkbox"/>	gas well <input type="checkbox"/>	other <input type="checkbox"/>
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.) 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:

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MAR 4 1980

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

**U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO**

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. 37	
10. FIELD OR WILDCAT NAME Und.	
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) 3230.9 GR	

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 increase production with acid stimulation by the following method:

Run tubing and packer. Spot 250 gallons 15% NE HCL. Set packer above perfs at 6091' and pump 2500 gallons of 15% NE HCL and dropping 10 ball sealers with every 5 bbls of acid. Unset packer and lower tubing to base of perfs at 6297' to knock off any remaining ball sealers. Return well to production.

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

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

SIGNED Ray Cox TITLE Admin. Supervisor DATE 2-29-80

(This space for Federal or State office use)

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

APPROVED
MAR 6 1980
ACTING DISTRICT ENGINEER

044 USGS-H, 1-Hou, 1-Susp, 1-MKE, 1-ARCO, 1-Tenneco, 1-Chevron, 1-Conoco

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OIL CONSERVATION DIV.