N.M.O.C.D. COPY

| Form 9–331 Dec. 1973 UNITED STATES | Form Approved. Budget Bureau No. 42–R1424 |
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| DEPARTMENT OF THE INTERIOR | 5. LEASE |
| GEOLOGICAL SURVEY | MM-7488 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME |
| (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.) | 8. FARM OR LEASE NAME |
| 1. oil gas 🕅 other | Myers B Federal RATA |
| 2. NAME OF OPERATOR | 9. WELL NO. |
| Amoco Production Company | 28 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR | |
| P. 0. Box 68 Hobbs, NM 88240 | Langlie Mattix Queen Yates 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA |
| below.) | 9-24-37 |
| AT SURFACE: 330' FSL & 420' FWL, Sec. 9 AT TOP PROD. INTERVAL: (Unit M, SW/4, SW/4) | 12. COUNTY OR PARISH 13. STATE |
| AT TOTAL DEPTH: | Lea NM |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | 14. API NO. |
| REPORT, OR OTHER DATA | |
| | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | <u>3257.1 GL</u> |
| TEST WATER SHUT-OFF | |
| FRACTURE TREAT | |
| | |
| PULL OR ALTER CASING | 100 TE depart results of multiple completion or zone 100 |
| MULTIPLE COMPLETE | 1981 101 - 330.) |
| MULTIPLE COMPLETE | - C |
| ABANDON* Cit & Cit | GAD SURVEI |
| U.S. GEOLOG | EW MEAICE |
| (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinent | |
| Moved in service unit 4-15-81. Ran tubing, p packer at 3195'. Acidized Queen perforations with additives. Acidized Yates perforations with additives. Currently swab testing both | with 2000 gallons 15% HCL with 2000 gallons 15% HCL |
| | |
| O+4-USGS, A 1-Hou 1-Susp 1-GPM | 1-W. Stafford, Hou |
| Subsurface Safety Valve: Manu, and Type | |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. I hereby certify that the foregoing is true and correct SIGNED LEG LICKLE TITLE Admin. Analy | <u>st</u> date 5-7-81 |
| ACCEPTED FOR RECORDING space for Federal or State office | |
| APPROVED BY ROGER A. CHAPMAN | DATE |
| A A A A A A A A A A A A A A A A A A A | |
| MAY 11 1981 | |
| | |
| U.S. GEOLOGICAL SURVEYSee Instructions on Reverse Sid | e |
| ROTIVEL, MENKOO | |