

**COPY TO O. G. 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 ☐ gas ☒ other ☐  
well well

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.) 330' FSL X 420' FWL, Sec. 9  
AT SURFACE: (Unit M, SW/4 SW/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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☐

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DEC 14 1979

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE

NM - 7488

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Myers "B" Federal

9. WELL NO.

28

10. FIELD OR WILDCAT NAME

Langlie Mattix Queen

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

9-24-37

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

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

3257.1 GR

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.)\*

Moved in service unit 12-4-79. Tested casing with 1000# for 30 min. Test OK. Ran correlation log 2,100' - 3,520'. Perforated 3292' - 3310', 3316' - 3332', 3336' - 3352', 3355' - 3368', 3376' - 3386' with 2 JSPF. Fraced with 20,000 gal Krystal Frac and 20,000 gal CO<sub>2</sub> and 34,000# 20/40 sand 16,000# 10/20 sand. Flushed with 2% KCL water. Currently flow testing.

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

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

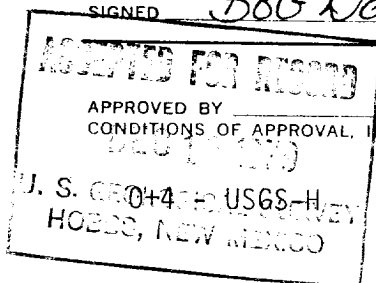
SIGNED Bob Davis TITLE Asst. Admin. Anal DATE 12-12-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_



1 - Hou 1 - Susp 1 - BD

\*See Instructions on Reverse Side