

COPY TO O. C. C.

Form 9-331
Dec. 1973Form 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

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P. O. Box 68, Hobbs, NM 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1980' FEL x 660' FSL, Sec. 9
AT SURFACE: (Unit 0, SW/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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

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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.

29

10. FIELD OR WILDCAT NAME

Langlie Mattix Queen11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
9-24-3712. COUNTY OR PARISH
Lea13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3271.3 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 10-16-79. Tested casing with 1000# for 30 min. Test OK. Ran correlation log. Perforated 3390'-3394', 3406'-3420', 3425'-3444', 3466'-3473', 3482'-3496', 3509'-3520', 3529'-3536' with 2 JSPF. Ran tubing, packer, and tailpipe. Packer set at 3097'. Tailpipe at 3281'. Acidized with 7140 gal 15% DS-30 acid with additives. Fraced with 32000 gal gelled 3% KCL water and 16324 gal CO₂ with 57600# 10/20 sand and 250# graded rock salt and 250# Benzoic acid flakes. Moved off Swab unit 10-28-79. Currently evaluating additional completion procedure.

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

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

SIGNED Bob Davis TITLE Assist. Admin. Asst. DATE 11-12-79

(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-BD

*See Instructions on Reverse Side

