Form Approved.
Budget Bureau No. 42-R1424

UNILLU STATES	5. LE/.SE
DEPARTMENT OF THE INTERIOR	<u>LC-029392 (a)</u>
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen MAR 12.6 to 1979 rent reservoir. Use Form 9–331–C for such proposals.)	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME Greenwood PreGrayburg Unit Federal
well well wother U. C. C.	9. WELL NO.
2. NAME OF OPERATOR Amoco Production Company	12
· · · · · · · · · · · · · · · · ·	10. FIELD OR WILDCAT NAME Shugart Silurian-Devonian
3. ADDRESS OF OPERATOR P.O. Drawer "A", Levelland, TX 79336	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA 35-18-31
AT SURFACE: 1650' FNL & 1980' FWL, Sec 35	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: (Unit F, SE/4 NW/4) AT TOTAL DEPTH:	Eddy NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	3653.9 RDB
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	7 1 V 1 2
FRACTURE TREAT	
SHOOT OR ACIDIZE	3 2 2 1079
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	יולי אלי אלי איני איני איני איני איני איני
CHANGE ZONES	IA, NEW MEXICO
(other)	
T DECORIDE PROPOSED OF COMPLETED OPERATIONS (OF	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent.)	irectionally drilled, give subsurface locations and
Drilled to TD of 4600' (3/7/79) and set 9 5/8 (1380') ST & C casing at 4600'. Cemented wit Class C cement with 2% CACL. Circulated 75 s 3/8/79. WOC 18 hrs. Tested casing with 1000 O.K. Reduced hole to 8 3/4" and resumed dril	h 1550 sx BJ Lite and 200 sx x. Plugged down 2:30 a.m. # for 30 minutes. Tested
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Ray Cox TITLE Admin. Supervi	sor DATE March 20, 1979
(This space for Federal or State offi	ce use)
APPROVED BY JOR SI KAMA ACTING DISTRICT EI	
CONDITIONS OF APPROVAL, IF ANY: 0+4-05GS,A	

1-Hou

1-R!VA

1-Susp

*See Instructions on Reverse Side