

NM OIL CONS. COMMISSION

Drawer DD

Artesia, NM 88210

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. **RECEIVED**

**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 gas well other

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.)
AT SURFACE: 1650' FNL X 1980' FWL, Unit F
AT TOP PROD. INTERVAL: Sec. 35, T-18-S, R-31-E
AT TOTAL DEPTH:

5. LEASE
LC-029302 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
JAN 27 1982

7. UNIT AGREEMENT NAME
O. C. D. ARTESIA, OFFICE

8. FARM OR LEASE NAME
Greenwood Pre-Grayburg Unit Federal A Com.

9. WELL NO.
1A

10. FIELD OR WILDCAT NAME
Shugart Atoka

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
35-18-31

12. COUNTY OR PARISH
Eddy

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3653.9' RDB

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Status update on well</u>	

DEC 26 1981

(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.)*

Well is currently shut-in pending further evaluation for recompletion attempts.

0+4-USGS, A 1-Hou 1-Susp 1-CLF

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

18. I hereby certify that the foregoing is true and correct
SIGNED Cathy L. Ferguson TITLE Ast. Adm. Analyst DATE 12-23-81

APPROVED
(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER DATE _____
CONDITIONS OF APPROVAL, IF ANY:
JAN 26 1982
FOR JAMES A. GILLHAM
DISTRICT SUPERVISOR

APPROVED FOR 6 MONTH PERIOD
ENDING JUN 26 1982

See Instructions on Reverse Side