Form 9-331
Dec. 1973

C. 5F

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 well [X]   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: 2080' FSL & 660' FEL, Sec. 29
AT TOP PROD. INTERVAL: (Unit I, NE/4, SE/4)
AT TOTAL DEPTH:

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal AZ

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Brushy Draw Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29-26-30

12. COUNTY OR PARISH   Eddy

13. STATE   NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2980.6 GR

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

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	[ ]	[X]
FRACTURE TREAT	[ ]	[ ]
SHOOT OR ACIDIZE	[ ]	[ ]
REPAIR WELL	[ ]	[ ]
PULL OR ALTER CASING	[ ]	[ ]
MULTIPLE COMPLETE	[ ]	[ ]
CHANGE ZONES	[ ]	[ ]
ABANDON*	[ ]	[ ]
(other)		

RECEIVED

JUL 14 1980

O. C. D.
ARTESIA, OFFICE

(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.)*

Drilled to a TD of 3580' and ran 9-5/8" casing set at 3555'. Cemented with 1700 SX Lite cement with 5% Gilsonite, 1/4# Flocele/SX and 18# salt and 200 SX Class C cement. Plugged down at 5:00 a.m. 7-1-80. Ran temp survey and found top of cement at approx. 410'. WOC 20 hr. Tested casing with 1000# for 30 min. Test OK. Currently waiting on completion unit.

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

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

18. I hereby certify that the foregoing is true and correct
SIGNED Bob Davis   TITLE Admin. Analyst   DATE 7-9-80

(This space for Federal or State office use)
APPROVED BY _____ W. CHESTER   TITLE _____   DATE ____ 11 __

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side