

N. M. OIL CONS. COMMISSION  
P. O. BOX 1080  
HOBBS, NEW MEXICO 88240

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: 1980' FNL X 1980' FWL, Sec. 25  
AT TOP PROD. INTERVAL: (Unit F, SE/4, NW/4)  
AT TOTAL DEPTH:

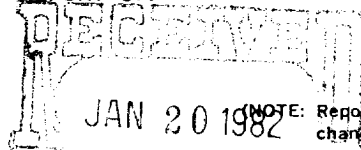
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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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OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

5. LEASE  
NM 19202  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
Federal BM  
9. WELL NO.  
1  
10. FIELD OR WILDCAT NAME  
Wildcat Wolfcamp  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
25 24 32  
12. COUNTY OR PARISH  
Lea  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3572.5 RDB

(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.)\*

Propose to abandon Strawn intervals 14204'-16', 14221'-37', and 14251'-66'. Pull tubing and packer. Run CIBP and set at 14154'. Cap with 35' Class H neat cement.

0+6-USGS, R 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF

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

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

SIGNED Mark E. Swann TITLE Ast. Adm. Analyst DATE 12-21-81

APPROVED BY (Orig. Sgd.) ROGER A. CHAPMAN TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

FEB 1 1982  
FOR  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR

RECEIVED

FEB 24 1982

HOBBY OFFICE