

(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: 300 FNL X 2600' FEI

AT TOP PROD. INTERVAL: (Unit B, NW/4, NE/4)

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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	

X

RECEIVED
OCT 7 1981
(NOTE: Report chain)

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

(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 10933'. Ran 7520' of 5½", 17#, N 80 and 3380' of 5½, 15.5#, K-55 production casing. Set at 10933'. Cemented with 1500 sacks of Class H cement containing .6% Halad-22A, .4% CFR-2 and 5#/sack of KCL. Plug down at 7:00 p.m. 6-29-81. Ran temp survey and TCMT at 6200'. WOC for 18 hrs. Pressure tested to 1000 psi for 30 min. and tested OK. Released rig at 12:00 noon 7-31-81. No further report until completion unit is moved in.

0+4-USGS, R 1-Hou 1-Susp 1-W. Stafford, Hou 1-MDR

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

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

SIGNED ROGER C. GUERMAN TITLE Ast. Adm. Analyst DATE 10-6-81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

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*See Instructions on Reverse Side