

UNITED STATES ^{Artes}
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

C/SF

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
Wayne Moore ✓
3. ADDRESS OF OPERATOR
403 N. Marienfeld, Midland, TX 79701
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
660 FNL + 100 FEL
- AT SURFACE:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

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) Cement Deep Surface

SUBSEQUENT REPORT OF:

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DECEIVE
OCT 13 1981
(NOTE: Re ch.)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

5. LEASE
U.S. 13969
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Amoco Federal OCT
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat *Burns Spring* ARTES
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26 T25S R27E
12. COUNTY OR PARISH | 13. STATE
Eddy | New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3075/3 G.L.

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.)*

8-5/8" pipe set at 2314'. Cemented with 700 Halliburton lite, 4% Gel, 5 lbs. Kolite per sack, 5% salt and 200 sacks H 2% Cacl. Plug down at 1:00 A.m., October 3, 1981. Circulated 100 sacks cement. Cement and BOP tested 1000 Psi 24 hours.

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

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

SIGNED

TITLE

DATE 10-6-81

ACCEPTED FOR RECORD
ROGER A. CHAPMAN

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

***See Instructions on Reverse Side**