## N. M. CIL CONS. COMMISSION

Form 9-331 Dec. 1973

X

P. O. BOX 1980

UNITED STATES NEW MEXICO 88240

Form Approved.

## 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.)

other

well

| 5. LEASE                   |                                 |
|----------------------------|---------------------------------|
| NM 014995                  | 8                               |
| 6. IF INDIAN, A            | LLOTTEE OR TRIBE NAME           |
| 7. UNIT AGREE              | EMENT NAME                      |
| 8. FARM OR LE              | EASE NAME                       |
| Hood Fede                  | eral                            |
| 9. WELL NO.                |                                 |
| 2                          |                                 |
| 10. FIELD OR W             | ILDCAT NAME                     |
| Bough Dev                  | /onian                          |
|                            | , M., OR BLK. AND SURVEY OR     |
| 13-9                       | 9-35                            |
| 12. COUNTY OF<br>Lea       | R PARISH 13. STATE NM           |
| 14. API NO.                |                                 |
| <b>15.</b> ELEVATION 4130' | s (show df, kdb, and wd)<br>RDB |

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 660' FWL, Unit E AT TOP PROD. INTERVAL: Sec. 13, T-9-S, R-35-E AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON\* (other) 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 cancel workover. Subject well will not be this time. OIL & GAS GEOLOGICAL SURVEY ROSWELL, NEW MEXICO 0+4-USGS,R 1-H0U 1-SUSP 1-CLF Set @ \_\_\_\_\_ Ft. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct Ast. Adm. Analyst ACCEPTED FOR RECORDS space for Federal or State office use) PETER W. CHESTER APPROVED BY CONDITIONS OF U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO See Instructions on Reverse Side

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JUN 2 4 1982