NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

C/SF

Form 9-331
Dec. 1973

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 ☐ gas well ☒ other

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FNL X 1650' FWL, Sec. 11
AT TOP PROD. INTERVAL: (Unit C, NE/4,NW/4)
AT TOTAL DEPTH:

5. LEASE
NM-0159536-*C*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal DJ

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Buffalo Valley Penn Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
11-15-27

12. COUNTY OR PARISH
Chaves

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3493' RDB

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

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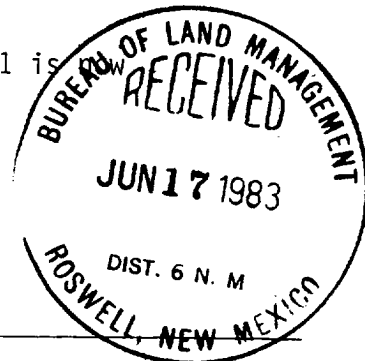(other) name change

RECEIVED BY
SEP 29 1983
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.)*

This is to inform you that the Federal C Gas Com Well No. 1 is the Federal DJ Well No. 1

BUREAU OF LAND MANAGEMENT RECEIVED JUN 17 1983 DIST. 6 N. M. ROSWELL, NEW MEXICO

0+6-BLM, R   1-HOU R.E.Ogden Rm. 21.150 1-F.J.Nash, HOU Rm 4.206 1-CMH

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

18. I hereby certify that the foregoing is true and correct
SIGNED _____ TITLE Admin. Analyst DATE 6-15-83

(This space for Federal or State office use)
ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 28 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO