

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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.) 2080' FNL & 760' FEL, Sec. 33
AT SURFACE: (Unit H, SE/4 NE/4)
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 ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐
- (other) ☐

SUBSEQUENT REPORT OF:

- ☒
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

5. LEASE
NM-056122
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal "Z" Com
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Und. Logan Draw Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
33-17-27
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3482.48 GR

(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 a TD of 2100' and ran 8-5/8" 24# casing set at 2100'. Cemented with 800 sx Howco Lite cement with additives and 200 sx Class C cement with 2% CACL. Plug down 2:45 A.M. 10-2-79. Circulated 145 sx. WOC 24 hrs. Test casing with 1500# for 30 min. Test OK. Reduced hole to 7-7/8" and resumed drilling.

RECEIVED

OCT 22 1979

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

Subsurface Safety Valve: Manu. and Type

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

SIGNED Bob Davis TITLE Assist. Admin. Asst DATE 10-18-79

(This space for Federal or State office use)

APPROVED BY ACTING DISTRICT ENGINEER
CONDITIONS OF APPROVAL, IF ANY:

0+4 USGS-A, 1-Hou, 1-Susp, 1-BD