

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

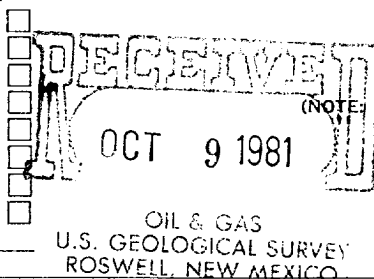
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☐ gas well ☒ other ☐
2. NAME OF OPERATOR
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' FSL X 1980' FWL, Sec. 1
AT TOP PROD. INTERVAL: (Unit K, NE/4, SW/4)
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) Spud

SUBSEQUENT REPORT OF:



5. LEASE
NM 12110
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RECEIVED
7. UNIT AGREEMENT NAME
OCT 19 1981
8. FARM OR LEASE NAME
Federal CE Gas Com. O.C.D.
9. WELL NO.
1
ARTESIA, OFFICE
10. FIELD OR WILDCAT NAME
Wildcat Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1-17-27
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
30 015 23891
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3528.2' GL

(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.)*

On 9-27-81 McVay #4 spudded a 17-1/2" hole at 11:30 a.m. Drilled to a TD of 381' and ran 13-3/8" 48# H-40 surface casing. Cemented with 400 sacks Class H with 1% CaCl. Plug down at 11:15 p.m. 9-28-81. Circulated 200 sacks. WOC 18. Tested casing for 30 min. with 600 psi and held OK. Reduced hole to 12 1/4" and resumed drilling.

0+6-USGS, R 1-Hou 1-Susp 1-W. Stafford, Hou 1-MDR
1-Wexpro 1-Cities Svc. 1-Exxon

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

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

SIGNED ROGER A. CHAPMAN TITLE Ast. Adm. Analyst DATE 10-8-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY

OCT 15 1981
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO