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MAR 22 1983

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYO. C. D.
ARTESIA, OFFICE

LEASE

NM 18620

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Amoco Federal

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Bunker Hill Penrose *Persec.*

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

Section 23, T16S, R31E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

4217 GL

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

C.E. LaRue and B.N. Muncy, Jr. ✓

3. ADDRESS OF OPERATOR

PO Box 196

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 940' FSL & 2050' FEL Section 23,

AT TOP PROD. INTERVAL: T16S, R31E

AT TOTAL DEPTH:

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) ☐

(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.)*

Ran 1104' of API 8 5/8" Casing 24#. Circulated cement with 500 sacks class C. Waited 18 hours, tested casing to 1200# with no leakage. March 19, 1983.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

TITLE Operator

DATE March 20, 1983

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: