Form 9-331 (May 1963)

UI. . ED STATES SUBM DEPARTMENT OF THE INTERIOR verse

SUBMIT IN TRIE ATE*
(Other instructions on re-

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

DEPARTMENT OF THE INTERIOR verse side) GEOLOGICAL SURVEY			5. LEASE DESIGNATION AND SERIAL NO.
			LC-070678-H
SUNDRY NOT (Do not use this form for propo Use "APPLIC	SALS TO REPORTS CONTINUES OF THE PROPERTY OF T	ack to a different reservoir.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. GAS S		RECEIVED	7. UNIT AGREEMENT NAME
WELL WELL A OTHER		1, – –	8. FARM OR LEASE NAME
AMOCO PRODUCTION COM	PANY W	JAN 23 1975	HONDO B FED GAS COM
3. ADDRESS OF OPERATOR BOX 367, ANDREWS, 7			9. WELL NO.
4. LOCATION OF WELL (Report location		State requirements OFFICE	10. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface		AKI CHIO!	LED LAKE - HENN 11. SEC., T., R., M., OR BLK. AND
2310' FSL × 660'			8-18-27 NMPM
14. PERMIT NO.	15. ELEVATIONS (Show whether DF 3388 G L	, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE EDDY N. M.
16. Check A	ppropriate Box To Indicate N	lature of Notice, Report, or (
NOTICE OF INTE	•••		UENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT
REPAIR WELL (Other)	CHANGE PLANS	(Other) (Note: Report result	s of multiple completion on Well bletion Report and Log form.)
	PERATIONS (Clearly state all pertinentionally drilled, give subsurface locations)	t details and give portinent dates	, including estimated date of starting and cal depths for all markers and zones perti
on 12-14-74, 51/2"	OD 14-17# J.5	5 & K-55 Casing	q was set e
9417 W/ 850 Sx.		·	
+ 1% D-65). TCM		•	o psi jor 30 min.
Sept ak. WOC	appl 18 days	s. Pers. inter	rals 93 14-22;
25-31; 40-43		0	,
45 57, 45 45	, , , , ,		
EVALUATED:			
			RECEIVED JAN21 1975 ARTESULOGICAL
			CEIVED
			JAN27 10
TD - 9418; PB - 9362;			U. S. GEOVER 1975
PB - 9362			U. S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO
\sim			ARTESIA, NEW MEXICO
18. I hereby certify that the for foing	akum TITLE AD	MINISTRATIVE ASSISTANT	DAVIAN 1 7 1975
(This space for Federal of State of			DATE
CONDITIONS OF APPROVAL, IF	ANY:		
usas- Herg	1600 +		

*See Instructions on Reverse Side