

Form 9-331
(Rev. 1-63)
RECEIVED

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT TO COMPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

JUN 21 1976

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 "APPLICATION FOR PERMIT—" for such proposals.)

O.C.C.

ARTESIA, OFFICE

OIL WELL ☐ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

P.O. DRAWER A, LVEELLAND, TEXAS 79336

4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.)
See also space 17 below.)
At surface

660' FNL x 990' FWL SEC. 5 (UNIT D, NW/4 NW/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-060888

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

EMPIRE SOUTH DEEP

8. FARM OR LEASE NAME

EMPIRE SOUTH DEEP UNIT
GAS COM

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

SOUTH EMPIRE-MORROW

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

5-18-29 NMPM

12. COUNTY OR PARISH

EDDY

13. STATE

N.M.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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 6/12/76, 9 5/8" 36" K-55 LT & C Casing was set at 2900' with 1500 SX TLW + 7" Salt / SX + 1/4" floreal / SX + .2% CFR 2 followed by 200 SX Class C Cmt + 2% CACH. Circulated 60 SX. Plug down at 4:45 PM 6/12/76 w/ 2000 PSI. After WOC 18 hours tested casing w/ 1000 PSI for 30 min. Test OK

Reduced hole to 8 3/4" at 2900' and resumed drilling.

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

SIGNED

Ray W. Cox

TITLE

Administrative Assistant

DATE

6/16/76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

044-USGS-ART
1-DIV
1-RC
1-SUSP

APPROVED
JUN 23 1976
L. E. BEEKMAN
ACTING DISTRICT

*See Instructions on Reverse Side