UUPY	
Form 9-331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	LC -058580 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME Empire South Deep Unit RECEIVED 8. FARM OR LEASE NAME
1. oil gas XX other	Empire South Deep Unit NOV 26 1980
2. NAME OF OPERATOR Amoco Production Company √	14 O.C.D
3. ADDRESS OF OPERATOR P. O. Box 68 Hobbs, NM 88240	South Empire Morrow 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA 5-18-29
AT SURFACE: 1650' FNL X 2010' FEL AT TOP PROD. INTERVAL: (Unit G, Sec. 5, SW/4, AT TOTAL DEPTH: SW/4)	12. COUNTY OR PARISH 13. STATE   Eddy NM   14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
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 CHANGE ZONES MULTIPLE COMPLETE CHANGE ZONES CHANGE ZONE CHANGE ZONE CHANGE ZONE CHANGE ZONE CHANGE ZONE CHANGE ZONE CHANGE ZO	THOTE: Report results of multiple completion or zone change on Form 9–330.)
ABANDON*	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen Propose to recomplete well from the Morrow following: Kill well and pull tubing, on-c cast iron bridge plug at approx. 10200'. O 9753-9769' with 4 JSPF. Acidize with 3200 recover load and to test zone.	to the Upper Penn per the off tool and packer. Set a
0+4-USGS, A 1-Hou 1-Susp 1-	-LBG 1-W. Stafford, Hou
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED SENTER Dreen TITLE ASt. Adm. Ana	1]yst date 11-19-80
(This space for Federal or State off	and the second se
CONDITIONS OF APPROVAL, IF ANY:	DATE
* 50' cement.	APPROVED
*See Instructions on Reverse S	Side NOV 2, 1, 1980
	DISTRICT SUPERVISOR