

RECEIVED

Form 9-331
NOV 2 1982NM OIL CONS. MISSION
Drawer DD
Artesia, NM 88210Form Approved.
Budget Bureau No. 42-R1424O. C. D.
ARTESIA OFFICEUNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1650' FNL X 2010' FEL, Sec. 5
AT TOP PROD. INTERVAL: (Unit G, T-18-S, R-29-E)
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) ☐

- ☐
- ☐
- ☒
- ☐
- ☐
- ☐
- ☐
- ☐

5. LEASE
LC-058580

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Empire South Deep Unit8. FARM OR LEASE NAME
Empire South Deep Unit9. WELL NO.
1410. FIELD OR WILDCAT NAME
Und. Wolfcamp11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
5-18-2912. COUNTY OR PARISH | 13. STATE
Eddy | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3563.5 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.)*

Moved in service unit 7-18-82. Pulled tubing and packer. Ran CIBP set at 8600'. Tested to 600 PSI. Tested O.K. Perforated Wolfcamp interval 8326'-32' with 4 JSPF. Ran packer tubing and tailpipe. Packer set at 8193' and tailpipe landed at 8256'. Currently swab testing.

0+6-MMS,R 1-HOU 1-W. STAFFORD, HOU 1-DMF

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

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

SIGNED Mark Summer TITLE Asst. Adm. Analyst DATE 7-26-82

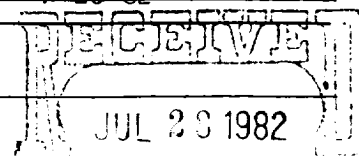
ACCEPTED FOR RECORD (this space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY

NOV 1 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO