

UNITED 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 a well 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, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 760' FWL
AT TOP PROD. INTERVAL: Sec. 4 (Unit E, T-18-S
AT TOTAL DEPTH: R-27-E)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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.)*

Drilled to a TD of 6000' and ran 1704' of 8-5/8" 32# S-80 2711' of 8-5/8" 32# K-55, and 1567' of 24# K-55 casing set at 5982'. Cemented with 2250 SX BJ Lite with additives and tailed in with 500 SX Class "C" cement with additives. Plug down 9:35 p.m. 1-13-80. Circulated 200 SX to surface. WOC 18 hrs. Test casing with 1000# for 30 min. Tested OK. Reduced hole to 7-7/8" and resumed drilling.

0+4-USGS, A 1-Hou 1-Susp 1-GLF 1-Marathon
1-Bass 1-Exxon

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

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

SIGNED Gerard L. Foster TITLE Admin. Analyst DATE 1-26-81APPROVED BY
CONDITIONS OF

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

PETER W. CROWTHER

TITLE

DATE

JAN 26 1981

U.S. GEOLOGICAL SURVEY

See Instructions on Reverse Side

5. LEASE

LC-055465-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 3A Com.

JAN 29 1981

9. WELL NO. Gas

1

O. C. D.

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

Scoggin Draw Morrow

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

4-18-27

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

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

3586.0' GL

(NOTE: Report results of multiple completion or zone change on Form 9-330.)