

NM 3 COPY  
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 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. Drawer "A", Levelland, Texas 79336
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL & 2310' FWL, Sec 15  
AT TOP PROD. INTERVAL: (Unit N, SE $\frac{1}{4}$ , SW $\frac{1}{4}$ )  
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      | <input type="checkbox"/> |                       | <input 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 checked="" 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.)\*

Location is now ready for your inspection.

**RECEIVED**  
MAR 9 1979  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Ray Cox TITLE Admin. Supervisor DATE March 6, 1979

(This space for Federal or State office use)

APPROVED BY ALBERT R. STALL TITLE \_\_\_\_\_ DATE JAN 29 1980

CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS, A      1-Yates, A  
1-SUSP      1-Hanlad  
1-Houston  
1-RWA

\*See Instructions on Reverse Side