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Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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
O. C. D.
Amoco Production Company ARTESIA, OFFICE
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: 1980' FSL X 660' FWL, Sec. 27
AT TOP PROD. INTERVAL: (Unit L, NW/4, SW/4)
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) name change

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
LC-029392-b
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Greenwood Pre-Grayburg Unit Fed.C Co
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Shugart
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
27-18-31
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3614.3 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.)*

This is to notify you that the name of the well at the above location has been changed from the Greenwood Pre-Grayburg Unit C Com. #10 to the Greenwood Pre-Grayburg Unit Federal C Com #1.

RECEIVED

MAR 18 1983

DIL & CAS

NEW MEXICO

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

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

SIGNED Mark Freeman TITLE Ast. Adm. Analyst DATE 3-16-83

APPROVED BY PETER W. CHESTER (This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAR 18 1983

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side