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RECEIVED Byrate	- 19. M., Wil (191 3)
Form 9-331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES O. C. D. DEPARTMENT OF THE INTERIOR OFFICE GEOLOGICAL SURVEY	5. LEASE LC-029392-(a) 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	7. UNIT AGREEMENT NAME
reservoir. Use Form 9–331–C for such proposals.) 1. oil gas well other	&reenword for Com Federal "A" Com 9. WELL NO.
2. NAME OF OPERATOR Amoco Production Company	1 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, New Mexico 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Shugart -Penn- Morrow 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: 1650' FNL X 1980' FWL, Sec. 35 AT TOP PROD. INTERVAL: (Unit F, SE/4,NW/4) AT TOTAL DEPTH:	35-18-31 12. COUNTY OR PARISH 13. STATE Eddy NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 15. ELEVATIONS (SHOW OF KUB, (AND WD)
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* SUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: BUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: BUBSEQUENT REPORT OF: SUBSEQUENT REPORT OF: BUBSEQUENT REPORT OF: CHANGE ZONES ABANDON*	(NOTE: Report response of multiple completion or zone change of primes 330.)
Status report. 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined.)	te all pertinent details, and give pertinent dates.
Swab tested with a good show of gas. Perforate 11724'-11732' w/4 JSPF. Moved out service unit Last 24 hours well flowed 16 BO, 0 BW, and 1441 well on production.	Morrow intervals 11694'-11712', and 10-22-83. Flow tested for 7 days.
O+5-BLM, R 1-HOU, R. E. Ogden, Rm 21.150 1-F.	J.Nash, HOU Rm 4.206 1-CLF
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct SIGNED Cathy Ast. Adm. And	alyst _{DATE} 11-10-83
ACCEPTED FOR RECOIMING space for Federal or State of	

Carlstal

*See Instructions on Reverse Side