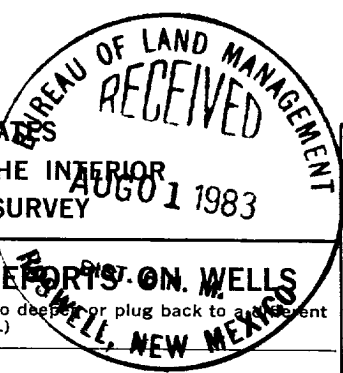


NM OIL CONS. COMB OK

Drawer DD

Form 9-331 NM 88210
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



Form Approved.
Budget Bureau No. 42-R1424

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: 660' FSL X 2310' FWL, Unit N
AT TOP PROD. INTERVAL: Sec. 35, T-18-S, R-31-E
AT TOTAL DEPTH:

5. LEASE
LC-029392 (a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Greenwood Pre-Grybrg Unit Fed G
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Und. Bone Springs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
35-18-31
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3627.8' GR

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:
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED BY
SEP 29 1983
O. C. D.
ARTESIA, OFFICE

(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 Greenwood Pre-Grayburg Unit Federal "B" Com Well No. 1 has been changed to the Greenwood Pre-Grayburg Unit Federal "G" Well No. 1.

0+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 L. Ferman TITLE Ast. Adm. Analyst DATE 7-29-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
SEP 28 1983