

C/S 7

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JUN 20 1983 9-331 1973

MINERAL COMMISSION
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

O. C. D.
ARTESIA, OFFICE

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. Box 68, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL X 860' FWL, Unit L
AT TOP PROD. INTERVAL: Sec. 26, T-18-S, R-31-E
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) ☐

SUBSEQUENT REPORT OF:

☐
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5. LEASE

LC-029392B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Greenwood
Pre-Grayburg Unit Fed F

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Shugart Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
26-18-31

12. COUNTY OR PARISH Eddy 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3651.8 GL

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

MINERAL COMMISSION
ROOSEVELT, NEW MEXICO

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.)*

Swab tested 3-18-83. Flowing 14 BO, 403 BW, 74 BC, 3067 MCF in 220 hours. Last 24 hours flowed 6 BC, 36 BW, and averaged 400 MCFD. Return shut-in well to production

0+ 4-BLM, A 1-HOU 1-F. J Nash 1-SUSP 1-PJS

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

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

SIGNED Peter J. Jena TITLE Ast. Adm. Analyst DATE 4-6-83

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

PETER W. CHESTER

JUN 29 1983

TITLE _____ DATE _____