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Form 9-331
Dec. 1973

N.M.O.C.D. COPY

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.)

RECEIVED

1. oil ☐ gas ☒ other ☐

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P. O. Box 68 Hobbs, NM 88240

O. C. D. ARTESIA OFFICE

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FNL & 1980' FWL, Sec. 26

AT TOP PROD. INTERVAL: (Unit C, NE/4, SW/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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other)

Set Intermediate Csg. X

RECEIVED

AUG 13 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

(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.)*

Drilled to a TD of 4900' and ran 40# N-80 9-5/8" casing set at 4900'. Cemented with 2000 SX Lite cement with additives and 200 SX Class C Neat cement. Plugged down at 3:50 p.m. 7-25-80. Circulated 183 SX. WOC 18 hr. Tested casing with 1500# for 30 min. Test OK. Reduced hole to 8-3/4" and resumed drilling.

ACCEPTED FOR RECORD

AUG 15 1980

U.S. GEOLOGICAL SURVEY

ROS WEL, NEW MEXICO

0+4-USGS, A 1-Hou
Subsurface Safety Valve: Manu. and Type

1-Susp

1-LBG

1-Conoco

Set @ 1- W. Stafford, H
Ft.

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

SIGNED

Ch. J. [Signature]

TITLE Admin. Supervisor

DATE

8-12-80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE