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OCT 5 1982

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

O. C. D.

ARTESIA OFFICE

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' FNL X 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) ☐

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5. LEASE
LC 029392-b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Greenwood Pre-Gray. Unit Fed D *Com*

8. FARM OR LEASE NAME
Greenwood Pre-Gray. Unit Fed D *Com*

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Am Atoka

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

12. COUNTY OR PARISH: 13. STATE
Eddy | NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3653.4 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.)*

Moved in service unit 7-15-82. Killed well and pulled tubing and packer. Ran cast iron bridge plug and set at 11450'. Cap with 35' of cement. Ran tubing and packer. Set packer at 10,980'. Perfed 10,090-11097, 11100'-11111' with 4 SPF. Moved in service 7-23-82. Flow tested 24 hours and recovered 2500 MCF and 10 bbls of cond. Turned over to production.

Post ID-2
10-2-82
zone p+H
mm.

0+4-USGS,R 1-STAFFORD 1-HOU 1-MDR

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

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

SIGNED Mark Randolph TITLE Admin. Analyst DATE 8-4-82

(This space for Federal or State office use)

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