

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS **RECEIVED**

(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 ☐ JAN 6 1982

2. NAME OF OPERATOR O. C. D.
Amoco Production Company / ARTESIA, OFFICE

3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL X 1980' FWL, Sec. 28
AT TOP PROD. INTERVAL: (Unit F, SW/4, NW/4)
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
LC-070286

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Emperor Oil, Federal Gas Com.

9. WELL NO. 1.

10. FIELD OR WILDCAT NAME
Dos Hermanos

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
28-20-30

12. COUNTY OR PARISH Eddy 13. STATE NM

14. API NO.

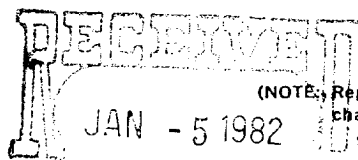
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3359 RDB

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

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, 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.)*

Propose to recompleate from the Morrow to the Strawn. Pull tubing, seal assembly, and tailpipe. Run in hole with CIBP set at 11440', cap with 35' * of cement. Perforate Strawn intervals 11078'-11090', 11098'-11114', and 11134'-11149' with 4 JSPF. Run 2-3/8" tubing and packer. Set packer at 10900'. Flow test.
* with dump boiler or 25xx if thru tubing.

0+6-USGS, R 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF

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

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

SIGNED Mark Freeman TITLE Ast. Adm. Analyst DATE 12-31-81

APPROVED (This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
JAN 5 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

no acreage dedication Plat.