

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. Drawer "A", Levelland, Texas 79336
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE 1980' FNL & 1980' FWL, Sec 1
AT TOP PROD. INTERVAL: (Unit E, SE $\frac{1}{4}$, NW $\frac{1}{4}$)
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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input checked="" type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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.)*

Plugged and abandoned as follows:

Pulled tubing and left 7 jts tubing above packer and 5 jts tubing below. Top of fish at 9338'. Ran cement retainer and set at 9200'. Squeezed perfs with 95 sx Class C cement. Spot 25 sx Class H cement plug 5900'-6100'. Spot 255 sx Class H cement plug 2200'-2400'. Spot 20' Class H cement plug to surface. Erected P X A marker. Cleaned up location. Will notify when well is ready for inspection.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Randy Atkins TITLE Admin. Analyst DATE March 1, 1979

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

0+4-USGS, A 1-David Fasken
1-Houston 1-Arco
1-RWA
1-Susp

*See Instructions on Reverse Side

5. SE
NM-047423
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Brady Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Und. Hackberry Hills
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1-22-25
12. COUNTY OR PARISH Eddy 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3654.5 GR

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

NOV 18 1980