

CISF

Form 9-331
Dec. 1973UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm Approved
Budget Bureau No. 42-R-424

RECEIVED

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, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
1650' FSL X 1980' FEL, Sec. 20
AT SURFACE: (Unit J, NW/4 SW/4)
AT TOP PROD. INTERVAL:
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
NM-0415 239-b
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
O. C. C.
ARTESIA, OFFICE
8. FARM OR LEASE NAME
Federal "AE"
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Und. Morrow Dublin Ranch
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
20-22-28
12. COUNTY OR PARISH
Eddy
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3077 GR

(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 a TD of 10,614' and ran 7 5/8" casing set at 10,614. Cemented with 1660 sx Lite cement and 350 sx Class H cement. Plugged down 7:00 a.m. 12-4-79. Top of cement found by Temp survey at approx. 3750'. WOC 72 hrs. Tested casing with 1000# for 30 min. Test OK. Reduced hole to 6 1/2" and resumed drilling.

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

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

SIGNED Bob Davis TITLE Asst. Admin. Anal. DATE 12-12-79

(This space for Federal or State office use)

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

0+4 - USGS-A 1 - Hou 1 - Susp 1 - BD 1 - Marathon 1 - Bass