Form 9-331 Dec. 1973

5. LEASE

Form Approved. Budget Bureau No. 42-R1424

NM-0415 239-**6**

UNITE	D :	FATE	.S
DEPARTMENT	OF	THE	INTERIOR
GFOLOGI	CAL	SHE	VFY

GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME		
1. oil gas	Federal AE DEC 16 198		
well well other	9. WELL NO.		
2. NAME OF OPERATOR			
Amoco Production Company 🗸	10. FIELD OR WILDCAT NAME ARTESIA, OFFICE		
3. ADDRESS OF OPERATOR	Und. Wolfcamp		
P.O. Box 68, Hobbs, NM 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20. 22 29		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA 20-22-28		
AT SURFACE: 1650' FSL & 1980' FEL, Sec. 20	12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL: (Unit J, NW/4, SW/4) AT TOTAL DEPTH:	Eddy		
AT TOTAL DEPTH: (Office), NW/4, 34/4)	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,			
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF			
SHOOT OR ACIDIZE	Report results of multiple completion or zone hange on Form 9–330.)		
REPAIR WELL	Papart results of multiple something as any		
PULL OR ALTER CASING DFC 1 CHANGE ZONES DABANDON*	change on Form 9–330.)		
MULTIPLE COMPLETE \Box \Box $\cup^{\ell} C I_{I}$	10		
CHANGE ZONES	198n		
ABANDON*	30		
(other)	SUMVEN		
CHANGE ZONES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent.	nectionally diffica, give substitute locations and		
Propose to increase production per the following	:		
Pull packer. Run bottom hole pressure bui	ld up test and frac Wolfcamp		
0+4-USGS, A 1-Hou 1-Susp 1-GPM			
Subsurface Safety Valve: Manu. and Type			
18. I hereby certify that the foregoing is tyle and correct			
	alyst _{date} 12-10-80		
(This space for Federal or State offi			
APPROVED BY TITLE	DATE		
CONDITIONS OF APPROVAL, IF ANY:			
	ARTAD		

*See Instructions on Reverse Side