

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. Box 68 - Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1980' FEL
AT TOP PROD. INTERVAL: (Unit J, NW/4, SE/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 checked="" 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 type="checkbox"/> |
| (other) | <input type="checkbox"/> | | <input type="checkbox"/> |

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal "AI" Com

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Wildcat Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
34-24-28

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

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3006.9 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 to a TD of 2487' and ran 13-3/8" casing set at 2487'. Cemented with 2240 sx Lite cement and 300 sx Class C cement with 2% CACL. Plugged down 11:20 p.m. 6-21-80. Circulated 250 sx cement. WOC 45 hrs. Tested casing with 1000# for 30 min. Test OK. Reduced hole to 12-1/4" and resumed drilling.

RECEIVED

JUL 8 1980

O. C. D.
ARTESIA, OFFICE
Ft.

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

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

SIGNED Bob Davis TITLE Admin. Analyst DATE 7/1/80

(This space for Federal or State office use)

APPROVED BY PAUL EDWIN W. CHESTER TITLE _____ DATE JUL 7 1980
CONDITIONS OF APPROVAL, IF ANY:

0 + 4 - USGS-A 1 - Hou 1 - Susp 1 - LBG 1 - Pecos Irr. 1 - HNG
1 - Union Oil of Calif. 1 - R. Enfield