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NM OIL CONS. COMMISSION Drawer DD Form Approved. Form 9-331 88210 Artesia, NM Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE NM-25953 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME RECEIVED **GEOLOGICAL SURVEY** UNIT AGREEMENT 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.) 8. FARM OR LEASE NAME Federal AI 1. oil gas well other well 9. WELL NO. ARTESIA, OFFICE 2. NAME OF OPERATOR Amoco Production Company 10. FIELD OR WILDCAT NAME and Wildcat Atoka 3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, New Mexico 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 34-24-28 AT SURFACE: 1980' FSL x 1980' FEL, Sec. 34 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: (Unit J, NW/4, SW/4) Eddy AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3006.9 GL SUBSEQUENT REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE 198 POTE: Report results of multiple completion or zone REPAIR WELL PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE OIL & GAS U.S. GEOLOGICAL SURVEY CHANGE ZONES ABANDON\* ROSWELL, NEW MEXICO (other) Propose to flow well <u>to rel</u>ieve pressure. 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 flow well to sales line until pressure is relieved enough to handle with 10# brine. Bottom hole pressure calculations show BHP of 9000 lbs. Verbal approval Breeden-Stewart, Breeden-Gresset. ACCEPTED FOR 0+6-USGS, R W. Stafford, How 1-Hou U.S. GEOLOGICAL SURVEY Subsurface Safety Valve: Manu. and Type \_\_ ROSWELL, NEW MEXICO 18. I hereby certify that the foregoing is true and correct 3-8-82 TITLE ASST Adm Analyst DATE \_ (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: