

NOV 2 1982

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

O. C. D. NM 25953
ARTESIA, OFFICE OF 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.)

1. oil well ☐ gas well ☒ other

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P. O. Box 68, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL X 1980' FEL, Sec. 34

AT TOP PROD. INTERVAL: (Unit J, NW/4, SW/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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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(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.)*

Moved in service unit 6-7-82. Killed well. Perfed tubing 10,200'-10,201' with 2 shots. Pulled up 80 stands of tubing, circulated hole, and pulled rest of tubing. Ran tubing to 12,055', circulated and pulled tubing. Ran casing bond log 11735'-9100'. Ran tubing to 6000 and circulated. Pulled tubing. Ran tailpipe, packer, and tubing. Packer landed at 10,351', tailpipe at 10,381'. Moved out service unit 6-17-82. Flowed 0 bbls of oil, 0 bbls of water and 1.8 MMCF in 24 hours. Turned over to production.

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

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

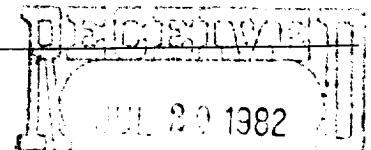
SIGNED Mark Randolph TITLE Admin. Analyst DATE 7-23-82

ACCEPTED FOR RECORD
(ORIG. SGD.) DAVID R. GLASS
APPROVED BY _____ DATE _____
CONDITIONS OF APPROVAL IF ANY

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U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side



Oil & Gas
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO