

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

*C/SF*  
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 ☒ gas ☐ other ☐  
well well

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: 1650' FWL X 1980' F/L, Sec. 3

AT TOP PROD. INTERVAL: (Unit F, SE/4, SW/4)

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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RECEIVED  
JAN 19 1982

OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

5. LEASE

NM 16311

6. IF INDIAN, ALLOTTEE OR TRIBAL **RECEIVED**

7. UNIT AGREEMENT NAME

JAN 21 1982

8. FARM OR LEASE NAME

Federal AD Com.

O. C. D.

9. WELL NO.

ARTESIA, OFFICE

1

10. FIELD OR WILDCAT NAME

Wildcat Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

3-23-28

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3012.4 GL

(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 12-19-81. Swab tested 27 hrs. Recovered 2 B0. Moved out service unit 12-22-81. No further report until additional work performed.

0+6-USGS, R 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF  
1-Union Oil 1-Read & Stevens 1-Holly

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED *Roger A. Chapman* TITLE *Ast. Adm. Analyst* DATE *1-15-82*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

JAN 20 1982  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO