

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

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' FSLX 660' FWL  
AT TOP PROD. INTERVAL: (Unit L, NW/4, SW/4)  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE  
NM-16331
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Cimarron RB Federal Gas Com
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
North-Loving Atoka
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
34-22-28
12. COUNTY OR PARISH 13. STATE  
Eddy NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3042.3' GL

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
☐  
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☐  
☐

RECEIVED

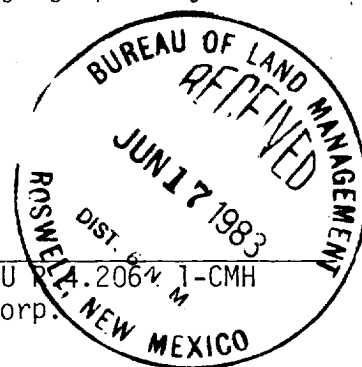
JUL 05 1983

O. C. D.  
ARTESIA, OFFICE

(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.)\*

Subject well was spud with a 30" hole on 6-12-83. Drilled to a total depth of 40'. Set 40' of 24" conductor pipe. Currently, rigging up McVay No. 10 to begin rotary tool drilling.



0+6-BLM. R 1-HOU R.E.Ogden Rm 21.150 1-F.J.Nash, HOU Rm 2064 1-CMH  
1-Union, Mid. 1-Davidson 1-Cimarron 1-Energy Prod. Corp.

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

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

SIGNED Charles M. Herring TITLE Adm. Analyst DATE 6-15-83

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD  
DATE 6-15-83

JUN 30 1983