

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 ☒ Water Source 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: 2160' FSL X 1960' FEL (Unit J,
AT TOP PROD. INTERVAL: NW/4, SE/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* ☐

SUBSEQUENT REPORT OF:

(other) ☒ Began Drilling Operations

5. LEASE

NM-0415688-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Old Indian Draw Unit

9. WELL NO.

37

10. FIELD OR WILDCAT NAME

Indian Draw Delaware

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

18-22-28

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

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

3084.1' 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.)*

The subject well was spud 9-11-83 with a 12 1/4" bit. Drilled to a total depth of 405'. On 9-12-83, ran 9 5/8" 32.3# H-40 casing and set casing at 405'. Cemented with 280 sx Class C with 2% CACL. Circulated out 130 sx of cement. WOC 18 hrs. Pressure tested casing with 600 psi. for 30 mins. Held OK. Reduced bit to 8 3/4" and resumed drilling.

0+6-BLM,R 1-HOU R.E.OGDEN,Rm 21.150 1-F.J.NASH, HOU Rm. 4.206 1-CMH

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

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

SIGNED Charles M. Dilling TITLE Admin. Analyst DATE 9-13-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

SEP 16 1983