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**SEP 28** 1983

O. C. P.

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Form Approved. Budget Bureau No. 47-R1424

Form 9-331 Dec. 1973

Artesia, III

UNITED STATES

ARTESIA, OFFICE LEASE DEPARTMENT OF THE INTERIO NM-0415688-A 6. IF INDIAN, ALLOTTEE OR TRIBE NAME GEOLOGICAL SURVEY 7. 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 1. oil Old Indian Draw Unit gas well well other Water Source Well 9. WELL NO. 2. NAME OF OPERATOR Amoco Production Company 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Indian Draw Delaware P. O. Box 68, Hobbs, New Mexico 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AREA below.) <u> 18-22-28</u> AT SURFACE: 2160' FSL X 1960' FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: (Unit J, NW/4,SE/4) Eddv 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) 3084.1' GL REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-3301 MULTIPLE COMPLETE CHANGE ZONES ABANDON\* status update (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates. measured and true vertical depths for all markers and zones pertinent to this work.)\* Drilled to a total depth of 3100'. On 9-18-83, ran 7" 20# J-55 casing and set at 3100'. Cemented with 600 sx class C lite with additives and tail-in 400 sx

including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and

class C neat. Plugged down and circulated 350 sx of cement. Rig released 12:30 am 9-19-83. Pressure test will be performed by Completion Unit.

0+4-NMOCD,H 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 perulfy that the foregoing is true and correct  SIGNED TITLE Admin. Analyst  | DATE _ | 9-20-83           |     |
| APPROVED BY TITLE | DATE   | ACCEPTED FOR RECO | ORD |