

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 ☒ 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: 2310' FNL & 430' FWL, Sec. 30
AT TOP PROD. INTERVAL: (Unit E, SW $\frac{1}{4}$, NW $\frac{1}{4}$)
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

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.)*

Drilled to a TD of 3565' and ran 9-5/8" casing set at 3565'. Cemented with 2000 sx Class C cement and 200 sx Class H cement. Ran temp survey and found top of cement at approximately 410'. WOC 28 hrs. Tested 9-5/8" casing with 1000# for 1 hr. Test OK. Currently waiting on completion unit.

5. LEASE NM-20370 7-22-16814

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Federal AY

9. WELL NO. 1

10. FIELD OR WILDCAT NAME Brushy Draw Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 20-26-30

12. COUNTY OR PARISH Eddy 13. STATE NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3007.6 GR

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED

JUL 6 1980

O. C. D.
ARTESIA, OFFICE

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Bob Davis TITLE Admin. Analyst DATE 7/1/80

(This space for Federal or State office use)

APPROVED BY: PETER W. CHESTER DATE JUL 1 1980
CONDITIONS OF APPROVAL, IF ANY:

0 + 4 - USGS-A 1 - Hou 1 - Susp 1 - LBG