

NM L CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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.)

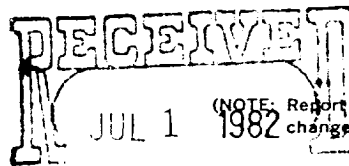
1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2310' FNL x 430 FWL
AT TOP PROD. INTERVAL: Sec. 30
AT TOTAL DEPTH: (Unit E, SW/4, NW/4)
16. 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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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

5. LEASE NM 20370	RECEIVED BY SEP 30 1983
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Federal AY	O. C. D. ARTESIA, OFFICE
9. WELL NO. 1	
10. FIELD OR WILDCAT NAME Bushy 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	

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.)*

Well has been shut in since 8-14-80. Hooked up test tanks and began flow testing 6-15-82. Flowed 35 bbls of oil and 9 bbls of water in first 24 hrs. Well depleted during the next 120 hrs. (5days) to 10 bbls of oil and 19 bbls of water. Shut in well, with no further report until well is PxA.

0+4-MMS,R 1-HOU 1-STAFFORD 1-MDR

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

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

SIGNED Mark Randolph TITLE Adm. Analyst DATE 6-30-82

APPROVED BY PETER W. CHESTER	TITLE (This space for Federal or State office use)	DATE SEP 29 1983
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