

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 ☐

DEC 20 1982

2. NAME OF OPERATOR
Amoco Production Company

O. C. D.
ARTESIA, OFFICE

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: 2310' FNL X 430' FWL, Sec. 30

AT TOP PROD. INTERVAL: (Unit E, SW/4, NW/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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☒

(other) ☐

5. LEASE

NM-20370 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 WELDCAT 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

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

DEC 10 1982

OIL & GAS
MINERALS MONIT. SERVICE
ROSWELL, NEW MEXICO

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all 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.)*

Propose to plug and abandon as follows:

Move in service unit. Kill well with 10# brine water. Pull tubing. Run in hole with CIBP and set at 3370' and cap with 100' of class C neat cement. Spot mud between plugs. Spot a 100' class C neat cement plug from 665'-565'. Spot 10 sacks of cement at surface. Weld on cap and install PXA marker.

0+6-MMS, R 1-HOU 1-W. Stafford, HOU 1-DMF

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

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

SIGNED Mark Furman TITLE Ast. Adm. Analyst DATE 12-8-82

APPROVED

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

CONDITIONS OF APPROVAL, IF ANY:

DEC 17 1982

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side