

N.M.O.C. COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

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: 660' FSL X 560' FWL, Sec. 18

AT TOP PROD. INTERVAL: (Unit M, SW/4, SW/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\* ☐

(other)

SUBSEQUENT REPORT OF:

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☐

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☐

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5. LEASE

NM-16814

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal AX

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Brushy Draw Delaware

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

18-26-30

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

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

3053.1 GR

(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.)\*

Drilled to a TD of 3550' and ran 9-5/8" casing set at 3550'. Cemented with 1200 SX Lite cement with 14/# Flocele/SX and 200 SX Class C cement. Plugged down at 4:00 a.m. 7-4-80. Cement did not circulate. Ran temp. survey and found top of cement at approx. 1060'. Currently waiting on completion unit.

0+4-USGS, A 1-Hou 1-Susp 1-LBG Set @ \_\_\_\_\_ Ft.  
Subsurface Safety Valve: Manu. and Type \_\_\_\_\_

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

SIGNED Bob Laws TITLE Admin. Analyst DATE 7-9-80

(This space for Federal or State office use)

APPROVED BY (On 3-3-81) PETER W. CHESTER TITLE ADMINISTRATIVE INCHARGE DATE JUL 11 1980  
CONDITIONS OF APPROVAL, IF ANY: