

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD
Artesia, NM 88210

NM 13969

C/SF

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
Wayne Moore ✓
3. ADDRESS OF OPERATOR
403 N. Marienfeld Midland, Texas 79701
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
660 FNL & 990 FEL Sec 26 - T25 S
AT SURFACE: R 27E
AT TOP PROD. INTERVAL: Eddy County New Mexico
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Amoco Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Wildcat

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

Sec 26 - T25 S - R 27E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

14. API NO.

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

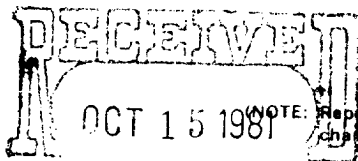
307 5.3 G. L.

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) Change in casing program

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐



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

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

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.)*

1. 16" conductor @ 40' in 20" hole - Circulate cement to surface
11. 8 5/8" 32# H40 @ 2600' in 11" Hole- Circulate cement to surface 700 sx C
4% Gel, 5% Kolite, 5% salt, 2% cacl, 200 sx C, 2% cacl
111. 4 1/2" 11.6# J-55 Production casing to 8500' in 7 7/8 hole. 1200 sx H plus
6% Gel. 10% salt and 5 lb kolite per sack. 200 sx H + 10% salt

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

TITLE

DATE

10-12-81

APPROVED

(This space for Federal or State office use)

APPROVED BY

(Orig. Sgd.) ROGER A. CHAPMAN

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 15 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side