NM OIL CONS. COMMISSION Prayer DD Artesia, NM 88210

Form Approved. Form 9-331 Budget Bureau No. 42-R1424 Dec. 1973 UNITED STATES 5. LEASE NM-14759 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBENAMED **GEOLOGICAL SURVEY** C15F 7. UNIT AGREEMENT NAMAPR 3 0 1982 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.) 8. FARM OR LEASE NAME Federal CU 1. oil ARTESIA, OFFICE gas Xother 9. WELL NO. well weil 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME Amoco Production Company/ Wildcat Morrow 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P. O. Box 68, Hobbs, New Mexico 88240 **A**REA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 35-25-25 below.) 12. COUNTY OR PARISH 13. STATE AT SURFACE: 1980' FNL x 1980' FEL, Sec, AT TOP PROD. INTERVAL: (Unit G. SW/4, NE/4) Eddy NM AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. 30-015-24025 REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3560.5 SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion prizone change on Form 9-330.) 41 4 PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON\* DST #1 (other) 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 TD of 11876'. On 3-29-82 ran DST #1. Packer set 11150'-410'. DST results attached. Currently preparing to run 5-1/2" production sting casing. ACCEPTED FOR RECORD 1-W. Stafford, HOU 1-DMF 0=6-USGS,R 1-H0U 1- Gulf 1-Desana 1-C&K Petr. Set @ Subsurface Safety Valve: Manu. and Type \_ 18. I hereby certify that the for going is true and correct Ast. Adm. Analyst (This space for Federal or State office use) \_\_ DATE \_ APPROVED BY

. Michael

17.22.04

CONDITIONS OF APPROVAL, IF ANY: