

OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210

Form Approved.  
Budget Bureau No. 42-R1424

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

C/SF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well in 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, New Mexico 88240  
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 888 FNL x 1980' FWL Sec. 31  
AT TOP PROD. INTERVAL: (Unit C NE/4 NW/4)  
AT TOTAL DEPTH:

MAY - 6 1982

C.C.D.  
ARTESIA OFFICE

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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RECEIVED  
MAR 18 1982

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

5. LEASE  
NM-0555569  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
Empire South Deep Unit  
8. FARM OR LEASE NAME  
Empire South Deep Unit  
9. WELL NO.  
22  
10. FIELD OR WILDCAT NAME  
South Empire-Morrow  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
31-17-29  
12. COUNTY OR PARISH  
Eddy  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3657.3 GL

(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.)\*

Propose to change intermediate casing from 8-5/8" to 9-5/8".

ACCEPTED FOR RECORD

APR 28 1982

U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type

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

SIGNED Mark Randolph TITLE Ast. Adm. Analyst DATE 3-16-82

(This space for Federal or State office use)

APPROVED BY TITLE DATE  
CONDITIONS OF APPROVAL, IF ANY: