

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 ☐

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: 480' FSL & 1980' FWL, Sec. 28

AT TOP PROD. INTERVAL: (Unit N, SE/4, SW/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

LC-057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal BI

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Wildcat Morrow

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

28-17-32

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

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

3941.4' 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.)\*

On 10-14-80, MGF Drilling Co. (Rig #22) Spudded a 17 1/2" hole at 2:00 A.M. Drilled to a TD of 735' and ran 54.5# J-55 13 3/8" casing set at 723'. Cemented with 700 sx Class C cement with additives. Plugged down at 1:35 A.M. 10-15-80. Circulated 175 sx. WOC 18 hr. Tested casing with 900# for 30 minutes. Test OK. Reduced hole to 12 1/4 inches and resumed drilling.

0 + 5 - USGS, H 1-Hou 1-Susp 1-LBG 1-W. Stafford, Hou

Subsurface Safety Valve: Manu. and Type

Set @ . . . . . Ft.

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

SIGNED

*Benton Green*

TITLE Asst. Adm. Analyst

DATE

10-22-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: