

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. Drawer "A", Levelland, TX 79336
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 660' FWL, Sec 4 (Unit L,
AT TOP PROD. INTERVAL: NW $\frac{1}{4}$, SW $\frac{1}{4}$)
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* ☐

SUBSEQUENT REPORT OF:

(other) Set Casing & Test ☒

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FEB 21 1979

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
LC-060549
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Dum Federal
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Buffalo Perm Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
4-19-33
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3726.9 RDB

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 5000' and ran 9 5/8" 36# J-55 ST & C, 36# K-55 ST & C and 36# S-80 ST & C casing set at 5000'. Cemented with 2500 sx Howco Lite and 200 sx Class C containing 2% CACL. Circulated 20 sx. PD 8:00 p.m. 2/1/79. WOC 18 hours. Test casing with 1000# for 30 minutes. Test O.K. Reduced hole to 8 3/4" and resumed drilling.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

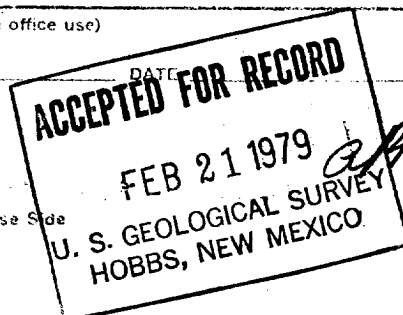
SIGNED Ray Cox TITLE Admin. Supervisor DATE February 13, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS-H 1-Continental
1-Susp 1-L.P. Thompson
1-Houston 1-F.R. Conley
1-RWA

*See Instructions on Reverse Side



U.S. GEOLOGICAL SURVEY
HOBBES, NEW MEXICO
SEP 1 1970

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SEP 1 1970
GIL CHAPMAN, JR.
10000 E. 11.