Form 9-331
Dec. 1973

COPY TO O. C. C.

Form Approved.
Budget Bureau No. 42-R1424

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 [X] 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, NW¼,SW¼)
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC-060549

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dunn Federal

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Buffalo Penn 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

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) Set Casing & Test			X

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(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.)*

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 _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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

ACCEPTED FOR RECORD
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*See Instructions on Reverse Side