Form 9-331 Dec. 1973

Form Approved.

EPTED FOR RECORD

UNITED STATES DEPARTMENT OF THE INTERIOR

	Budget Bureau No. 42-R1424
5.	LEASE 19 10 10 10 10 10 10 10 10 10 10 10 10 10
•	LC-060549
6.	IF INDIAN, ALLOTTEE OR TRIBE NAME
7.	UNIT AGREEMENT NAME
8.	FARM OR LEASE NAME
	Dunn Federal
9.	WELL NO.
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 13. STATE
	Lea NM
14.	API NO.
15.	ELEVATIONS (SHOW DF, KDB, AND WD)
	6. 7. 8. 9. 10. 11. 12. 14.

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.) \boxtimes other well well 2. NAME OF OPERATOR Amoco Production Company 3. ADDRESS OF OPERATOR P.O. Drawer "A", Levelland, Texas 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 1980'FSL & 660'FWL, Sec 4(Unit L, AT TOP PROD. INTERVAL: NWIS, SWIS) AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA 3701.9 SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* Spud; set casing & test (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.)* On 1/20/79, MGF #25 spudded a 17 1/2" hole at 10:45 A.M..

Drilled to TD 455' and ran 13 3/8" 48# H-40 ST &C casing set at 455'. Cemented with 450 sx Class C with 2% CACL. Circulated 55 sx. PD 3:30 A.M. 1/21/79. kOC 24 hours. .Tested casing 1000# for 30 minutes. Test OK. Reduced hole to 12% and resumed drilling.

	V. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO Set @ FOLOGICAL ve: Manu. and Type							L SURVE
Subsurface Safety Valve	e: Manu. and Type					Set @	EOL NEW	WEAR
18. I hereby certify that	71		at Admin.Super	visor	DATE _		-	
	(Thi	is space fo	or Federal or State o	office use)			·	
APPROVED BY	AL, IF ANY:	TITLE _			DATE			
0+4-USGS-H 1-Houston 1-Susp 1-DE	1-Continental (Box 1959 Midland, TX	79702°	. Box 4	60 , NM		1-F.R. Con Producti Box 1267 Ponca Ci	on Rese	arch 74601