COPY TO O. C. C.

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Form 9–331 Dec. 1973	Form Approved.		
UNITED STATES	5. LEASE 9.000 3. 256		
DEPARTMENT OF THE INTERIOR	NM-01235-D		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME		
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME		
1. oil gas well well other	Bondurant Federal		
	9. WELL NO.		
2. NAME OF OPERATOR	<u> </u>		
Amoco Production Company	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR P.O. Drawer A, Levelland, Texas 79336	West Tonto Penn-Morrow		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA		
below.)	12-19-32 2 25		
AT SURFACE: 1980' FSL & 1980' FEL, Sec 12, AT TOP PROD. INTERVAL: 1980' FEL, Sec 12,	12. COUNTY OR PARISH 13, STATE		
AT TOP PROD. INTERVAL: 1980 FEL, SEC 12, AT TOTAL DEPTH: (Unit J, NW_4 , SE_4)	Lea Royal SNMVES		
	14. API NO. 2 5545		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,			
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3649.5 GR 5		
TEST WATER SHUT-OFF			
FRACTURE TREAT			
SHOOT OR ACIDIZE	an birs vas tors tors vas tors tors tors tors tors tors tors tor		
	(NOTE: Report results of multiple completion or zone change on Form 9–330.)		
MULTIPLE COMPLETE			
CHANGE ZONES			
ABANDON* □ □ (other) Extension x			
	· · · · · · · · · · · · · · · · · · ·		
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen 	irectionally drilled give subsurface locations and		
	1 <u>8</u> 8172 - 8691		
Request extension of drilling permit for 90 days.			
	10 10 11 10 10 10 10 10 10 10 10 10 10 1		
	ອງສຸດ ເຊິ່ງ ເຊີ່ ເຊີ່ ເຊີ່ ເຊີ່ ເຊີ່ ເຊີ່ ເຊີ່ ເຊີ່		
		Unless Drilling Operations have	
		Commenced, this drilling approval	
Expires $12 - 20 - 29$			
	9 5 6 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
Subsurface Safety Valve: Manu. and Type	Set @ Ft.		
18. I hereby certify that the foregoing is true and correct	: 21 : 21 : 21 : 21 : 21 : 21 : 21 : 21		
SIGNED TITLE Asst. Adm. And	alystare 39-18-78 31		
	DATE		
(This space for Federal or State office use)			
APPROVED BY TITLE			
CONDITIONS OF APPROVAL, IF ANY: 0+4-USGS-H 1-CONOCO			
1-Div P.O. Box 1959	SEP 21 1978		
1-Susp Midland, Tx 79702			
1-DE *See Instructions on Reverse Si			