

**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.)
1980' FNL & 1980' FWL Sec. 5
AT SURFACE: (Unit F, SE/4 NW/4)
AT TOP PROD. INTERVAL:
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* ☐
- (other) ☐

SUBSEQUENT REPORT OF:

- ☒
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

Amended Report

5. LEASE
NM-077002
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Nellis Federal B Gas Com
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Buffalo Penn Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
S-19-33
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3726. 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 a TD of 5,000' (4-23-79) and set 9-5/8" 36# K-55, J-55 and S-80 ST&C casing at 5,000'. Cemented with 2000 SX Class H cement and 200 SX Class C cement. Plugged down 8:00 a.m. 4-24-79. WOC 18 hours. Tested casing with 1000# for 15 minutes. Test OK. Drilled cement 4925'-4945' and shoe 4948'-55'. Reduced hole to 8-3/4 and resumed drilling. *CIRC. 276 SACKS.*

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

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

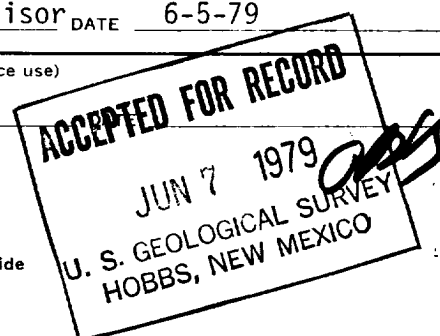
SIGNED *Kay Cox* TITLE Admin. Supervisor DATE 6-5-79

(This space for Federal or State office use)

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

0 +4 - USGS - H 1 - Susp
1 - BD 1 - Hou

*See Instructions on Reverse Side



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OIL CONSERVATION COMM.
HOODS, N. H.