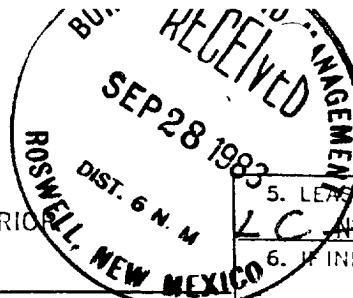


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



N. M. OIL CONG. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240
Budget Bureau No. 42-R1424

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, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1780' FNLX 2180' FWL, Sec. 9
AT TOP PROD. INTERVAL: (Unit F, SE/4, NW/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* ☐
(other) name change ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
L.C. AM-060549
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Dunn Federal B

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
Und. Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
9-19-33

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3691.3' GL

(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.)*

This is to inform you that the Dunn Federal Com. Well No. 2 has had a name change and is now the Dunn Federal B Well No. 2

0+4-BLM, R 1-HOU, R. E. Ogden, Rm 21.150 1-F. J. Nash, HOU Rm 4.206 1-CMH

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

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

SIGNED Charles M. Kelley TITLE Administrative Analyst DATE 9-23-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD

SEP 28 1983

RECEIVED
SEP 30 1983
O.C.D.
HOBBS OFFICE