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Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-064790
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
(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.)	8. FARM OR LEASE NAME
1. oil gas X other	Federal AC
Well Well Otto	9. WELL NO.
2. NAME OF OPERATOR	10. FIELD OR WILDCAT NAME
Amoco Production Company 3. ADDRESS OF OPERATOR	West Tonto Penn
P. O. Box 68, Hobbs, NM 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) 660' FNL x 1980' FML, Sec. 18	18-19-33
AT SURFACE: (Unit B, NW/4 NE/4) AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Lea NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
ALCOHOL TO ADDROVAL TO AUDOFOLISHT DEPORT OF	3644.3 GR
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT	
SHOOT OR ACIDIZE	1 Thore: Report results of multiple completion or zone
PULL OR ALTER CASING T	( NOTE: Report results of multiple completion or zone chamber on Form 9–330.)
MULTIPLE COMPLETE	SCICAL SURVE
CHANGE ZONES   S. GEOLU	1. 1607E: Report results of multiple completion or zone OGICAL SURPRISON Form 9–330.) NEW MEXICO
ABANDON* U HOBBS,	NEW MEXICO
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is comeasured and true vertical depths for all markers and zones pertined	:e all pertinent details, and give pertinent dates, directionally drilled, give subsurface locations and nt to this work.)*
Moved in service unit 2-13-80. Ran a cast in Capped with 35' cement. Perforated 12360'-12	ron bridge plug set at 13100'. 2373' with 2 JSPF. Currently
flow testing.	
Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and correct	
	Aland PATE 2-25-80
SIGNED BOU DAWID TITLE ASSIST. Admin	ACCEPTED FOR
(This space for Federal or State	ffice use) TOK RECORD /
APPROVED BY TITLE	FEBTE 2 1005
CONDITIONS OF APPROVAL, IF ANY:	usi 650 0 1980
0+4 USGS-H, 1-Hou, 1-Susp, 1-BD, 1-Hudson	HOBBS NEW SURVEY
	Hod Stological Survey
	Cid-

\*See Instructions on Reverse Side