

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form Approved.
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: 1980' FSL x 1980 FWL,

AT TOP PROD. INTERVAL: Sec. 11

AT TOTAL DEPTH: (Unit K, NW/4, SW/4)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Name _____

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

5. LEASE
NM-17235

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal BS

9. WELL NO.
1

10. FIELD OR WILDCAT NAME

Und. Bone Springs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

11-18-32

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

30 025 27430

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3867.8 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.)*

Notificiaton of Name change from Federal BS Gas Com 1 to Federal BS #1.
The name change is a result of completion in the Bone Springs, Instead
of the Morrow Formation.

ACCEPTED FOR RECORD

APR 29 1982

0+6-USGs, R 1-Hou 1-W. Stafford, Hou

1-MDR
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type _____

Ft.

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

SIGNED Mark Randolph TITLE Adm. Analyst DATE 7-8-82

(This space for Federal or State office use)

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