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## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

	Budget Bureau No. 42-R1424
1	5. LEASE
	NM-40452
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-	
	7. UNIT AGREEMENT NAME
t	
_	8. FARM OR LEASE NAME
	Federal Bs <del>Gas Com</del>
_	9. WELL NO.
	1
	10. FIELD OR WILDCAT NAME
	Und. Bone Springs
_	11. SEC., T., R., M., OR BLK. AND SURVEY OF
,	AREA
	11-18-32
	12. COUNTY OR PARISH 13. STATE
	Lea NM
_	14. API NO.
•	30-025-27430
	15. ELEVATIONS (SHOW DF, KDB, AND WD
	3867.8 RDB

SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen or plug back to a differen reservoir. Use Form 9–331–C for such proposals.) 1. oil gas X well weil 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: AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 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 (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other) Pump test 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.)\* Pump tested 8 days. Recovered 47 BO and 215 BW. Currentl 0+6-USGS, R 1-Hou 1-W. Stafford, Hou 1-DMF Subsurface Safety Valve: Manu. and Type \_ Set @ \_ 18. I hereby certify that the pregning is true and correct TITLE AST. Adm. Analyst DATE \_ ACCEPTED FOR RECORD Space for Federal or State office uses PETER W. CHESTER APPROVED BY TITLE \_\_ DATE \_\_

CONDITIONS OF APPROVAL, IF ANY:

JUN 1 4 1982

U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICOSee Instructions on Reverse Side