

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.)

AT SURFACE: 1980' FSL X 1980' FWL, Sec. 11

AT TOP PROD. INTERVAL: (Unit K, NE/4, SW/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) ☐

SUBSEQUENT REPORT OF:

☐
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☐

RECEIVED
OCT 9 1981
OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

5. LEASE
NM-40452

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal BS Gas Com.

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Und. Wolfcamp

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

(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.)*

Pulled tubing and packer. Ran cast iron bridge plug and set at 13100'. Capped with 35' of cement. Perforated Wolfcamp 10110-136', 10176'-182', 10192-214', 10236'-270', with 2 JSPF. Swabbed 10 hrs. and recovered 30 BLW and 145 BBL of New water. Now show of oil or gas. Currently preparing to perforate Bone Springs.

0+4-USGS, R 1-Hou 1-Susp 1-W. Stafford, Hou 1-MDR 1-E1 Paso EX

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

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

SIGNED Mail Randolph TITLE Ast. Adm. Analyst DATE 10-7-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO