

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

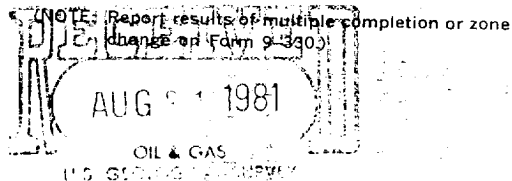
REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐

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. Morrow
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.
15. ELEVATIONS (SHOW DF, KDB, AND WD)



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.)*

Drilled to a TD of 13470 on 8-18-81, tripped in hole for DST #1. Set packer at 13153'. Tested interval 13153'-13470' (TD). Test results were unavailable because tool plugged 6 min. after initial flow period. Tripped in hole for second DST. Set packer at 13160'. Tested interval 13160'-13470' (TD). Again, no test results were available. Pen shattered in tool during initial flow period and left tool in the closed position. Currently preparing to run 5-1/2" casing.

0+4-USGS 1-Hou 1-Susp 1-MDR 1-W. Stafford, Hou 1-EI Paso Ex

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

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

SIGNED ROGER A. CHAPMAN TITLE Ast. Adm. Analyst DATE 8-28-81

(This space for Federal or State office use)

APPROVED BY SEP 2 1981
CONDITIONS OF APPROVAL: _____

TITLE _____ DATE _____

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO