

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 ☐ gas ☒ other ☐
well well
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' FNL X 1980' FWL, Sec. 7
AT TOP PROD. INTERVAL: Unit F, SE/4, NW/4
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other)	<input type="checkbox"/>	<input type="checkbox"/>

5. LEASE
NM-40450
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal "CS" Com.
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
7-18-32
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3786.3 GL

(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.)*

Moved in service unit 7-24-82. Pulled packer tubing and tailpipe. Ran CIBP set at 8200'. Tested to 500 PSI. Tested O.K. Capped with 35' of cement. Perforated Bone Springs intervals 7418'-46' and 7546'-53' with 2 JSPF. Ran tailpipe, packer, and tubing. Tubing landed at 7298' and packer set at 7207'. Swab tested 13 hours. Recovered 54 barrels of load water. Moved out service unit 7-28-82. Currently shut-in evaluating.

0+6-MMS, R 1-HOU 1-W. Stafford

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

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

SIGNED Mark Freeman TITLE Ast. Adm. Analyst DATE 9-29-82

ACCEPTED FOR RECORD (This space for Federal or State office use)
PETER W. CHESTER
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
SEP 29 1983