

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, 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

5. LEASE
NM-40450

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal CS *Cam*

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Wildcat Bone Springs

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.

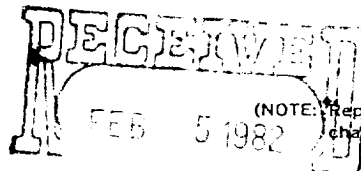
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3786.3

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) Status Report

SUBSEQUENT REPORT OF:

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

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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.)*

Resumed drilling with 7-3/4" bit. Currently drilling.

0+6- USGS, R 1-Hou 1-W. Stafford, Hou 1-Susp 1-Galaxy
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *Mark A. ...* TITLE Ast. Adm. Analyst DATE 2-3-82

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

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COMMISSION

P. O. Box 1280

HOBBBS, NEW MEXICO 88240

Form Approved.

Geological Survey Bureau No. 42-R1424

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well well

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AT TOTAL DEPTH:

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REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Ran casing

SUBSEQUENT REPORT OF:

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5. LEASE

NM- 40450

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal CS

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3786.3

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Drilled to TD of 2600'. Ran 8-5/8" 24 ft. K-55 casing set at 2600'. Cemented with 825 sacks lite with .3% Halad 4 and 200 sacks class C with .3% Halad 4. Circulated 270 sacks. WOC 18 hours. Pressure tested casing to 1000 PSI. Tested O. K. Started flowing 1" stream of brine water out of 13-5/8"-8-5/8" annulus. Shutin pressure of water is 580 PSI. Currently evaluating.

0+4-USGS, R 1-Hou 1-Susp 1-DMF 1-W. Stafford, Hou 1-Galaxy
1-Susp

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 1-20-82

FOR RECORD
B. A. CHAPMAN

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY
FEB 1 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

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DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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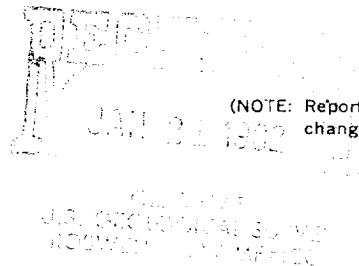
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Federal CS *Com*
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FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☒
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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Propose to repair well per the following: Water source was located at 2020'-30'. Propose to let water flow and continue to drill well. Danger of casing collapse if water is shut in. Propose to drill to TD, run logs and prepare to run 5-1/2" casing. Then go in hole and set drillable bridge plug below perf zone and perforate at top of salt and squeeze. After squeezing run 5-1/2" casing. Verbal approval received from George Stewart 1-19-82 to Mark Freeman.

0+4, USGS, R 1-Hou 1-DMF 1-W. Stafford, Hou 1-Galaxy 1-Susp
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Mark Freeman TITLE Ast. Admin. Analyst DATE 1-20-82

APPROVED (This space for Federal or State office use)
(Orig. Sgd.) ROGER A. CHAPMAN
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
JAN 22 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR
*See Instructions on Reverse Side