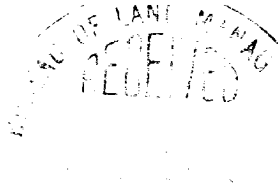


N. M. OIL CONS. COMMISSION

P. O. BOX 9-331

HOBBES, NEW MEXICO 88240



Form Approved.
Budget Bureau No. 42-R1424

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 1650' FEL
AT TOP PROD. INTERVAL: (Unit G, SW/4, NE/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) status update ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
NM-10601
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal DI
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Und. Wolfcamp
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
27-20-33
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3623.2' 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 7-5-83. Bled pressure off and killed well with 64 BW. Released packer and pulled tubing, packer, and tailpipe. Ran tubing anchor, seating nipple, and tubing. Tubing anchor was set at 11,791' and seating nipple landed at 11787'. Ran rods and pump. Pressure tested pump and hung off to pump jack. Connect flowlines to test equipment and began pump testing 7-9-83. Tested for 22 days. Last 24 hrs, recovered 5 B0, 3 BW, and 38 MCF. Currently, shut-in for fluid build up.

0+6-BLM, R 1-HOU, R.E.Ogden, Rm 21.150 1-F.J.Nash, HOU, Rm. 4.206 1-CMH
1-Arco

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

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

SIGNED Paul M. Herring TITLE Admin. Analyst DATE 8 -3-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

AUG 16 1983