

COPY TO O. C. C.

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 ☐ gas ☒ other ☐
well well2. NAME OF OPERATOR
Amoco Production Company3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FNL & 1650' FEL, Sec. 27
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) Plug Back ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☒
☐5. LEASE
NM-10601

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal Y Com9. WELL NO.
110. FIELD OR WILDCAT NAME
Wildcat Atoka11. 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 GR

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

U. S. GEOLOGICAL SURVEY
HOBBS, 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.)*

On 6-30-79 rigged-up service unit. Ran cast iron bridge plug, set at 13,585 capped cast iron bridge plug with 35' of cement. Plugback TD 13,550. Ran 2-7/8" tubing, packer, and van tool perf assy. Perforated 13,020'-29', 13,076'-29', 13,076'-82', 13,089'-96', 13,106'-114' with 4 JSPF. Currently well shut-in.

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

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

SIGNED Ray Cox TITLE Admin. Supervisor DATE 7-20-79

(This space for Federal or State office use)

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

0+4-USGS,H; 1-HOU; 1-SUSP; 1-BD; 1-SUPRON; 1-ARCO;

*See Instructions on Reverse Side

