

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. Drawer "A", Levelland, TX 79336

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) ☐

SUBSEQUENT REPORT OF:

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APR 20 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEAS.
NM-10601

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal Y. Com

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
WC Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
27-20-23

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.)

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.)*

Set 7" 23-26# N-80 & S-95 LT & C casing at 12,662'. Set Lynes Packer at 12,650'. Perforated intervals 12,641'-42' and 12,644'-45' using 4 JSPF. Cemented through perms with 1000 sx Trinitylite cement and 300 sx Class H cement. Plugged down 1:30 a.m. 4/14/79. WOC 18 hours. Tested casing with 600# for 30 minutes. Tested O.K. Found top of cement at approximately 4110' by Temperature Survey. Reduced hole to 6 1/2" and resumed drilling.

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 April 19, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS,H 1-Supron
1-Houston 1-Arco
1-Susp 1-Grace
1-RWA

*See Instructions on Reverse Side

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OIL CONSERVATION
HOLDS, N. M.