## N. M. OIL GOAS. COMMESION P. O. BOX 1980 Form Approved.

FOR

JAMES A. GILLHAM . See Instructions on Reverse Side

DISTRICT SUPERVISOR

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	NM-18237  6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas well other	Federal "BT" Gas Com  9. WELL NO.
2. NAME OF OPERATOR Amoco Production Company	1 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Und. Delaware
P. O. Box 68, Hobbs, New Mexico 88240  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: 1980/54E AT TOP PROD. INTERVAL:	15-20-35  12. COUNTY OR PARISH 13. STATE  Lea NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	30-025-277230 15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF	3717.2 RDB
	EL M. C.A.L.
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and
Propose to PxA well per the following: Move in service unit and pull tubing and pac Set at 5900' and cap with 35' of cement. Sp gel. Run free point to determine top of cem casing I joint above top of cement and pull neat cement across 10-3/4" casing shoe at 41 point. Wait on cement. Spot 312 Bbl 10# br 176 SX class C neat cement across 16" casing protection of fresh water zones. Weld on ca Restore location.	ot 73 bbl of 10# brine with 25# ent behind 7-5/8" casing. Cut casing. Spot 100 SX class C 67' and across 7-5/8" casing cut ine with 25# gel/barrel. Spot shoe at 408' to surface for
0+4-MMS, R 1-HOU 1-W. Stafford, HOU	1-SUSP 1-CMH
Subsurface Safety Valve: Manu. and Type	Set @ F
18. I hereby certify that the foregoing is true and correct	
SIGNED CHARLES TITLE AST. Adm. An	
APPROVE To his space for Federal or State of APPROVED BY (Orig. Sec.) The Time	office use)
CONDITIONS OF APPROVAL, IF ANY:	DATE
OCT 1 5 1982	