

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' FSL x 1980' FEL, Sec. 15
AT TOP PROD. INTERVAL: (UnitJ, NW/4, SE/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:

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
NM-18237

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal BT Gas Com

9. WELL NO.
1

10. FIELD OR WILDCAT NAME
Und. Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15-20-35

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.
30-025-27230

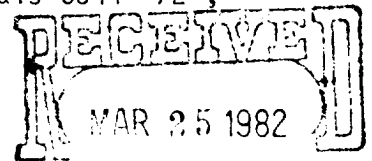
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3717.2 RDB

(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.)*

Propose to abandon the Bone Springs and recomple to the Delaware per the following:

Pull tubing, packer, and tailpipe. Run CIBP and set at 7940'. Cap with 35' of cement. Test CIBP. Perforate Delaware intervals 6544'-72', 6314-27', and 5973'-91'. Acidize and swab test well.



0+6-USGS, R 1-Hou 1-W. Stafford, Hou 1-DMF

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

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 3-24-82

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

CONDITIONS OF APPROVAL, IF ANY. TITLE _____ DATE _____

MAR 31 1982

FOR

JAMES A. GILLHAM

DISTRICT SUPERVISOR See Instructions on Reverse Side

RECEIVED

APR 1 1982

O.C.D.
NOBBS OFFICE