

N. M. OF MHS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 9-331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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: 660' FNL X 1980' FWL, Sec. 22
AT TOP PROD. INTERVAL: (Unit C, NE/4, NW/4)
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

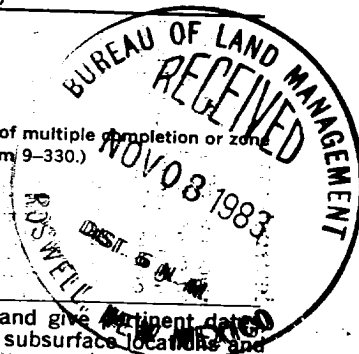
- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☒
☐

5. LEASE
LC-031736 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Gillully B Federal
9. WELL NO.
8
10. FIELD OR WILDCAT NAME
Monument-Tubb-Drinkard
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
22-20-37
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3561' 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.)*

Pump tested for 576 hours. Last 24 hours pumped 0 B0, 130 BW, and 48 MCFD.
Well shut-in 10-31-83 pending further evaluation of additional work.

0+5-BLM, R 1-HOU, R. E. Ogden, Rm 21.150 1-F. J. Nash, HOU Rm 4.206 1-CLF

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Cathy J. Forman TITLE Ast. Adm. Analyst DATE 11-4-83

APPROVED BY [Signature] TITLE [Signature] DATE MAY 8 1984

[Signature]

HOBBS, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

MAY 9 1984

C.C.D.
HOMES OFFICE