

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 ☐ gas ☒ other2. 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 & 1980' FWL, Sec. 35  
AT TOP PROD. INTERVAL: (Unit F, SE/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) Moved in rotary rig Set Surface Csg. X

SUBSEQUENT REPORT OF  
**RECEIVED**  
AUG 13 1980  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE

NM 11970

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal BG

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Und. Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

35-22-33

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

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

3526.4 GI

(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.)\*

Moved in rotary tools 7-28-80. Reamed 17-1/2" hole to 20". Drilled to a TD of 878' and ran 65# H-40 16" casing set at 878'. Cemented with 1060 SX Class C with 2% KCL cement. Plugged down at 3:45 p.m. 8-4-80. Circulated 75 SX. WOC 18 hr. Tested casing with 700# for 30 min. Test OK. Reduced hole to 14-3/4" and resumed drilling.

0+4-USGS,H

1-Hou

1-Susp

1-LBG

1-Wayne Stafford, H.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Chifton TITLE Admin. Supervisor DATE 8-11-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

AUG 14 1980

U.S. GEOLOGICAL SURVEY

HOBBS, NEW MEXICO