

N. M. OIL & GAS COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 9-331
Dec. 1973

Form Approved
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

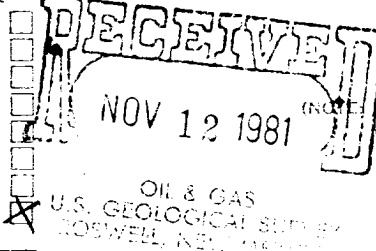
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well gas ☒ well other ☐
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
P. O. Box 68 Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980 FNL & 2090' FWL, Sec. 19
AT TOP PROD. INTERVAL: (Unit F, SE/4, NW/4)
AT TOTAL DEPTH:
15. 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-17441
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
E1 Alto Grande Unit
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Wildcat Devonian
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
19-22-34
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
30 025 27524
16. ELEVATIONS (SHOW DF, KDB, AND WD)
3561.3' GL

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.)*

Plugged well per the following:

Set 200' plug (330 sacks) of Class C cement (with 3% CACL) from 1500'-1300'.
Set 100' plug (100 sacks) Class C cement (with 1% CACL) and 150 sacks Class C with 3% CACL from 575'-475' set 50 sacks cement surface plug. Installed P X A marker and cleaned location. Will advise when location is ready for inspection.

0+4-USGS, H 1-Hou 1-Susp 1-W. Stafford, Hou 1-DMF

Subsurface Safety Valve: Make and Type _____ Set @ _____ ft.

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

SIGNED [Signature] TITLE Ast. Adm. Analyst DATE 11-9-81

APPROVED

(Orig. Sgd.) ROGER A. CHAPMAN

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF _____
NOV 17 1981

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR