

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:

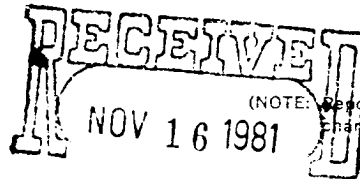
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) Skid rig

SUBSEQUENT REPORT OF:

- ☐  
☐  
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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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

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.)\*

Skidded rig to 1980' FNL & 2090' FWL, Sec. 19 (Unit F, SE/4, NW/4). Rig moved on location 10-21-81. Spudded 1-Y 10-23-81. Ran 1882' of 20" K-55 133# casing 11-3-81. Cemented with 4800 sacks Class C cement with 1/4 lb/sack of Cello-seal and 1% CACL. Circulated to surface. WOC 18 hr. Pressure tested to 900 PSI. Tested OK. Reduced hole to 17-1/2" and resumed drilling.

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

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

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

SIGNED Mark Hoffman TITLE Ast. Adm. Analyst DATE 11-12-81

U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_ DATE \_\_\_\_\_