

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

NM-18634-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "H"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat - Morrow

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

26-23-33

12. COUNTY OR PARISH 13. STATE

Lea

NM

1.

OIL ☐ GAS ☒  
WELL WELL OTHER

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P. O. Drawer "A", Levelland, Texas 79336

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

1980' FSL &amp; 660' FWL Sec. 26 (Unit L, NW/4, SW/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3660. 1 GL

16.

## Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

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

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) Set casing ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

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.)\*

Drilled to a TD of 5200' and set 10 3/4" 40.50 K-55 & S-80 ST&C, 45.50# S-80 ST&C at 5200'. Cemented with 2340 sacks BJ Lite and 300 sacks Class C. Plugged down 8:00 p.m. 7-6-78. Circulated 420 sacks. Waited on cement 18½ hours. Tested casing with 1000# for 30 minutes. Reduced hole to 9½" and resumed drilling.

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

SIGNED

Ray W. CoxTITLE Administrative Supervisor

DATE

8-15-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

0+4 - USGS - H

1 - Southland Roy

1 - Div.

1 - Susp.

1 - RC

\*See Instructions on Reverse Side

