

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, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990' FEL X 660' FSL

AT TOP PROD. INTERVAL: (Unit P, SE/4, SE/4)

AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) change casing program

5. LEASE

NM-19143

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal CW Com

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Antelope Ridge Mokka

Antelope Ridge Morrow

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

3-23-34

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3376.6 GL

RECEIVED

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

APR 31 1983

OIL & GAS

MINERALS MGMT. SERVICE

DOUGLAS, 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.)*

Propose to revise casing size and setting depth for the protective string per the following:

Originally: 9-5/8" casing set at 11,400'

Revise to: 7-3/4" casing set at 11,800'.

0+6-BLM, R 1-HOU 1-F. J. Nash, HOU 1-CMH 1-Belco

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Charles M. Herring TITLE Ast. Adm. Analyst DATE 3-29-83

APPROVED _____ (This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

CONDITIONS OF APPROVAL IF ANY

APR 1 1983

FOR

JAMES A. GILLHAM

DISTRICT SUPERVISOR

*See Instructions on Reverse Side