1. oil

well 🗓

below.)

2. NAME OF OPERATOR

AT TOTAL DEPTH:

REPORT, OR OTHER DATA

Extension

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)

3. ADDRESS OF OPERATOR

gas

well

Amoco Production Company

SHNDDA			REPORTS	ON	WELLS	
			THE INTER	OR		
c. 1973	UNITE STATES					
- 1072		-	. — — -			

(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.)

other

P.O. Drawer "A", Levelland, Texas 79336 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,

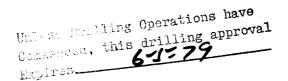
AT SURFACE: 1980 FSL & 1980' FEL, Sec 7 AT TOP PROD. INTERVAL: (Unit J, NW/4 SE/4)

.	Budget Bureau No. 42–R1424				
Γ	5. LEA				
L	LC-030180-b				
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
	7. UNIT AGREEMENT NAME				
8. FARM OR LEASE NAME					
Farnsworth B Federal					
9. WELL NO.					
11					
10. FIELD OR WILDCAT NAME					
Scarbrough Yates Seven River					
-	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA				
l	7-26-37				
ľ	12. COUNTY OR PARISH 13. STATE				
ı	Lea NM				
ľ	14. API NO.				
1					
ľ	15. ELEVATIONS (SHOW DF, KDB, AND WD)				
١	2968.7 GR				
	(NOTE: Report results of multiple completion or zone change on Form 9–330.)				
iit	all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and to this work.)*				
i r	ng permit for 90 days.				
	APR 24 1979				
	11 9 00010010				

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly start including estimated date of starting any proposed work. If well is c measured and true vertical depths for all markers and zones pertine

Request reinstatement and extension of drill Expect to spud in mid-July, 1979.

SUBSEQUENT REPORT OF:



U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO

Subsurface Safety Valve: Manu. and T	Type Set @ F	t.
18. I hereby certify that the foregoing	g is true and correct	
signed Kay Cox	gis true and correct TITLE Admin. Supervisor DATE April 23, 1979	
0	(This space for Federal or State office use)	
APPPOVED BY	TITLE DATE	

CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS,H

1-RWA

1-Susp

1 Hou

*See Instructions on Reverse SAPR 24 1979
ACTING DISTRICT ENGINEE