

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. Drawer "A", Levelland, Texas 79336
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 890' FWL & 890' FWL, Sec 18 (Unit D NW₄, NW₄)
AT TOP PROD. INTERVAL:
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) ☐

SUBSEQUENT REPORT OF:

- ☐
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☐
☐
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RECEIVED
FEB 7 1979

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

U. S. GEOLOGICAL SURVEY
HOBBS, 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.)*

Drilled to TD 2777' and ran coring assembly. Cored 2777'-2815'. Recovered 25'. Cored 2815'-2831'. Recovered 15'. Cored 2831'-2871'. Recovered 39'. Cored 2871'-2929'. Recovered 56'. Cored 2929'-2987'. Recovered 39'. Pulled coring assembly and continued drilling.

Drilled to TD 3350' and ran 7" 23# K-55 ST & C casing set at 3350'. Cemented in two stages. Set DV tool at 2640'. Cemented 1st stage with 100 sx Thick Set and 100 sx Lite. Opened DV tool and circulated to surface 6 hrs. PD 5:00 a.m. WOC 3/4hrs Cemented 2nd stage with 650 sx Lite and 100 sx Class C. PD 11:40 a.m. 1/13/79. Released rig 2:30 p.m. 1/13/79. Casing will be tested when service unit is moved on the well location.

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

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

SIGNED Ray Cox TITLE Admin. Supervisor DATE January 31, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

- 0+4-USGS-H
1-Houston
1-Susp
1-DE

*See Instructions on Reverse Side

