UNITED STATES

UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE LC-030180-X (a)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OF TRIBE NAME
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME
1. oil gas other	Farnsworth Federal "A" 9. WELL NO.
2. NAME OF OPERATOR Amoco Production Company	12 ♥ 3 × 8 5 × 8 5 8 7 10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Drawer "A" Levelland, TX 79336	Scarbrough-Yates-Seven Rivers 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 890'FML, Sec. 18 (Unit D, AT SURFACE: AND	AREA 18-26-37
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: NW4, NW4)	12. COUNTY OR PARISH 13. STATE 3. Lea System NM 3.2 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	2957 GL 3 3 7 8 3 5 5
FEST WATER SHUT-OFF	trages broad services of services of blue and blue and store and services of services of the control of the con
REPAIR WELL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
ABANDON Spud; casing; casing test X	edoutheater control of the control o
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.)*	
On 1-1-79, Verna (Rig #14) spudded a 12½" hole and ran 9-5/8" 32.3# H-40 ST&C casing set at 1 400sx Howcolite, and 100sx Incor plus 2% CACL.	133'. Cementer with 200sx Thickset
1-4-79. WOC 18 hours. Test casing 1000# for 8-3/4" and resumed drilling.	30 min. Test oks Reduce hole to
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	TO BE COUNTY OF THE WIND THE COUNTY OF THE C
Subsurface Safety Valve: Manu. and Type	Set @ 3 3 5 5 Ft.
18. I hereby certify that the foregoing is true and correct	5 a b a b a b a b a b a b a b a b a b a
TITLE TUILLE SUPER VISOR OFFICE OFFIC	
APPROVED BY TITLE APPENDED FUN	
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