

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, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' FWL, Sec. 25
AT TOP PROD. INTERVAL: (Unit F, SE/4, NW/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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) | | |

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent data 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 15973' and ran 4-1/2" 15.10# P-110 liner set at 15972'. Top of liner is at 11304'. Cemented with 560 SX Class "H" cement with additives. Plugged down 10:30 p.m. 1-24-81. Top of cement at 11304'. WOC 18 hrs. Tested liner with 1000# and held OK. Currently waiting on completion unit.

0+5-USGS, H 1-Hou 1-Susp 1-GLF 1-W. Stafford, Hou

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

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

SIGNED Gerald L. Foster TITLE Admin. Analyst DATE 2-18-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

5. LEASE NM-19202
6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____
- UNIT AGREEMENT NAME _____
8. FARM OR LEASE NAME Federal BM
9. WELL NO. 1
10. FIELD OR WILDCAT NAME Wildcat Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 25-24-32
12. COUNTY OR PARISH Lea 13. STATE NM
14. API NO. _____
15. ELEVATIONS (SHOW DF, KDB, AND WD) 3551.6' GL

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

RECEIVED

FEB 23 1981

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

ACCEPTED FOR RECORD

FEB 20 1981

U.S. GEOLOGICAL SURVEY
ROSWELL, N.M. MEXICO

WILLIAM J. BOJA

WILLIAM J. BOJA

FEB 24 1984