

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 ☒ gas ☐ other ☐
well well

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: 990' FNL X 400' FWL, Sec. 15

AT TOP PROD. INTERVAL: (Unit D, NW/4, NW/4)

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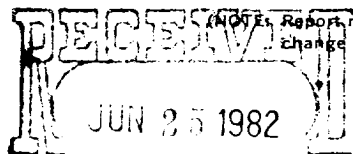
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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

Moved in service unit 5-5-82. Spotted a cement plug from 1150' to 960' across 8-5/8" casing shoe. Spotted a 10 sack surface plug. Erected PXA marker. Moved out service unit.

0+6-USGS,R 1-HOU 1-W. STAFFORD, H 1-DMF

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

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

SIGNED Mark L. Luman TITLE Ast. Adm. Analyst DATE 6-24-82

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. S.A.) ELLEN W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY:

NOV 4 1982

FOR

JAMES A. GILLHAM

DISTRICT SUPERVISOR See Instructions on Reverse Side