1. oil

(other)

copy to 0 e e Form Approved. Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE NM-10933 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT 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.) 8. FARM OR LEASE NAME LANGLIE "B" FEDERAL gas well 🖾 well other 9. WELL NO. 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME AMOCO PRODUCTION COMPANY LANGLIE MATTIX-QUEEN 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P.O. DRAWER "A" LEVELLAND, TEXAS 79336 AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 15-25-37 AT SURFACE: 990'FNL & 400'FWL, Sec. 15 12. COUNTY OR PARISH 13. STATE NM AT TOP PROD. INTERVAL: (Unit D, NW\(\frac{1}{2}\), NW\(\frac{1}{2}\)) LEA AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3114.8 GR REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES** ABANDON*

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.)*

Evaluated well and determined well was unproductive. Propose to temporarily plug and abandon well as follows: blank off the Queen perforations by setting a cast iron bridge plug at approximately 3300' and cap with 35' of cement and shut well in. PxA marker will not be used due to temporary PxA. This procedure was discussed with Mr. Jim Sims, USGS in Hobbs, on This approval of to porary

abandoament expires 6-15-)4

Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	*
SIGNED Nensis Evano TITLE ASSIST Admin. DATE.	9-21-78
(This space for Federal or State office use)	

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

0+4 - USGS-H

1 - DIV

1- SVSP

1 - DE

*See Instructions on Reverse Side

SEP 25 1978 ACTING DISTRICT ENGINEER