

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. **CONG. COMMISSION**

P. O. BOX 1080

HOBBS, NEW MEXICO **88240**

Form Approved.

Budget Bureau No. 42-R1424

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, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 2310' FSLX 990' FWL, Sec. 14

AT TOP PROD. INTERVAL: (Unit L, NW/4, SW/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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5. LEASE
LC-0325511-b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Langlie B Tract 1 Federal

9. WELL NO.

6

10. FIELD OR WILDCAT NAME

Justis Tubb

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

14-25-37

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3108.3 GR

(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.)*

On 2-6-81 moved in service unit. Pulled rods and tubing. Ran CIBP set at 5670' and capped with 35' of cement. Spotted a class C cement plug from 3400' to 3500'. Spotted a 25 sack class C plug across 8-5/8" casing seat at 998'. Spotted 15 sack surface plug. Installed P & A marker and moved out service unit 2-10-81.

0+6-USGS, R 1-Hou 1-DMF 1-W. Stafford, Hou 1-Hou

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

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

SIGNED Mark Freeman TITLE Assist. Admin. Analyst DATE 4-20-82

APPROVED

(This space for Federal or State office use)

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

NOV 5 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

See instructions on Reverse Side