Form 9-331 Dec. 1973

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Form	Approved.	
Budge	t Bureau No. 42-	R142

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  AT SURFACE: 1980 FSL X 660 FWL, Sec. 24 AT TOP PROD. INTERVAL: (Unit L, NW4, SW4) 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 SHOT OR ACIDIZE REPAIR WELL SHOOT OR ACIDIZE REPAIR WELL SHOOT OR ACIDIZE HEAD SHOOT OR ACIDIZE REPORT OF SHOOT OR ACIDIZE REPORT OF SHOOT OR ACIDIZE REPORT OR ACIDIZE REPORT OF SHOOT OR ACIDIZE REP	UNITED STATES	5. LEASE
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1. oil gas well other 2. NAME OF OPERATOR AMOCO Production Company 3. ADDRESS OF OPERATOR P.O. BOX 68 FOODS, NM 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1980 FSL X 660 FML, Sec. 24 AT TOP PROD. INTERVAL: (Unit L, NM%, SW%) AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: 18 SHOOT OR ACIDIZE SHOOT OR ACIDIZE HERAL WELL PULL OR ALTER CASING WILL CASING WILL SHOOT OR ACIDIZE HERAL WELL PULL OR ALTER CASING WILL SHOOT OR ACIDIZE HERAL WELL PULL OR ALTER CASING WILL SHOOT OR ACIDIZE HERAL WELL PULL OR ALTER CASING WILL SHOOT OR ACIDIZE HERAL WELL PULL OR ALTER CASING WILL SHOOT OR ACIDIZE HERAL WELL PULL OR ALTER CASING WILL SHOOT OR ACIDIZE HERAL WELL PULL OR ALTER CASING WILL SHOOT OR ACIDIZE HERAL WELL PULL OR ALTER CASING WILL SHOOT OR ACIDIZE HERAL WELL PULL OR ALTER CASING WILL SHOOT OR ACIDIZE HERAL WELL PULL OR ALTER CASING WILL SHOOT OR ACIDIZE HERAL WELL PULL OR ALTER CASING WILL SHOOT OR ACIDIZE HERAL WELL PULL OR ALTER CASING WILL SHOOT 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.)  Drilled to a TD of 5,000' and ran 10-3/4" 401st casing set at 5,000'. Cemente with 3,500 sx Lite with additives and 200 sx Class C cement with 2% CACL. Plug down 11:50 PM 9-6-79. Circulated 375 sx. Mait on cement 24 hours. Tested casin with 1000st for 30 minutes. Test ok. Reduced hole to 9½" and resumed drilling.  Subsurface Safety Valve: Manu. and Type.  Set @ Ft.  18. I hereby certify that the foregoing is true and correct SIGNED APPROVAL, IF ANY:  APPROVED BY TITLE Admin. Supervisorpate 9-21-79  Title Approved BY TITLE Admin. Supervisorpate 9-21-79  Title Approved BY TITLE Admin. Supervisorpate 9-21-79		
9. WELL NO.  1. NAME OF OPERATOR AMDOO POPOULCTION COMPANY  3. ADDRESS OF OPERATOR P.O. BOX 68 Mobbs, NM 88240  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below)  AT SURFACE: 1980 FSL X 660 FWL, Sec. 24 AT TOP PROD. INTERVAL: (Unit L, NW2, SW2)  AT TOTAL DEFTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (Charly 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.)*  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 200 sx Class C cement with 2% CACL. Plug down 11:50 PM 9-6-79. Circulated 375 sx. Wait on cement 24 hours. Tested casin with 1000# for 30 minutes. Test ok. Reduced hole to 9½ and resumed drilling.  Subsurface Safety Valve: Manu. and Type.  Set @ FH.  APPROVED BY TITLE Admin. SupervisorPate 9-21-79.  (This space for Federal or State office use)  APPROVED BY TITLE Admin. SupervisorPate 9-21-79.  (This space for Federal or State office use)	1	
Amoco Production Company  3. ADDRESS OF OPERATOR P.O. BOX 68 Hobbs, NM 38240  4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below)  4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below)  4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below)  4. TOTAL DETH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  17. DESCRIBE FOR APPROVAL TO:  18. SUBSEQUENT REPORT OF:  18. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPAIR WELL  19. COUNTY OR PARISH 13. STATE  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)  3335.3 GR  16. ELEVATIONS (SHOW DF, KDB, AND WD)  3335.3 GR  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.)  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.)  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.)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, such as a pertinent date, s	well gas well other	
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AT SURFACE: 1980 FSL X 660' FWL, Sec. 24 AT TOP PROD. INTERVAL: (Unit L, NW2, SW14) AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  17. DEPTH: SUBSEQUENT REPORT OF:  18. THE ST WATER SHUT-OFF RECORD  19. SUBSEQUENT REPORT OF:  19. SUBSEQUENT R		
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FRACTURE TREAT SHOOT OR ACIDIZE SHOOT OR ALTER CASING PULL OR ALTER CASING U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO (other)  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.)*  Drilled to a TD of 5,000' and ran 10-3/4" 40½# casing set at 5,000'. Cemente with 3,500 sx Lite with additives and 200 sx Class C cement with 2% CACL. Plug down 11:50 PM 9-6-79. Circulated 375 sx. Wait on cement 24 hours. Tested casin with 1000# for 30 minutes. Test ok. Reduced hole to 9½" and resumed drilling.  Subsurface Safety Valve: Manu. and Type  Set @ Ft.  18. I hereby certify that the foregoing is true and correct signed  TITLE Admin. SupervisorDate 9-21-79  (This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:  CERD 8.7 1078 4.4	· · · · · · · · · · · · · · · · · · ·	
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HOBBS, NEW MEXICO  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.)°  Drilled to a TD of 5,000' and ran 10-3/4" 40½# casing set at 5,000'. Cemente with 3,500 sx Lite with additives and 200 sx Class C cement with 2% CACL. Plug down 11:50 PM 9-6-79. Circulated 375 sx. Wait on cement 24 hours. Tested casing with 1000# for 30 minutes. Test ok. Reduced hole to 9½" and resumed drilling.  Subsurface Safety Valve: Manu. and Type Set @ Ft.  18. Thereby certify that the foregoing is true and correct signed Title Admin. SupervisorPate 9-21-79  (This space for Federal or State office use)  APPROVED BY ONDITIONS OF APPROVAL, IF ANY:	MULTIPLE COMPLETE	
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18. I hereby certify that the foregoing is true and correct  SIGNED TITLE Admin. SupervisorDate 9-21-79  (This space for Federal or State office use)  APPROVED BY TITLE TITLE DATE OF ACCEPTED FOR RECORD  CONDITIONS OF APPROVAL, IF ANY:	Drilled to a TD of 5,000' and ran 10-3/4" 40 with 3,500 sx Lite with additives and 200 sx C down 11:50 PM 9-6-79. Circulated 375 sx. Wait	directionally drilled, give subsurface locations and and to this work.)* $0\frac{1}{2}$ # casing set at 5,000'. Cemented lass C cement with 2% CACL. Plug on cement 24 hours. Tested casing
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APPROVED BY TITLE DATE CONDITIONS OF APPROVAL, IF ANY:	SIGNED Kay Loc TITLE Admin. Super	rvisordate <u>9-21-79</u>
CONDITIONS OF APPROVAL, IF ANY:	(This space for Federal or State o	ffice use)
crp 9.7 1070 4.144	APPROVED BY TITLE	PACTELIED FOR KECOKD
		SEP 27 1979 124

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