

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: 1980 FSL X 660 FEL

AT TOP PROD. INTERVAL: (Unit E, NW/4, SE/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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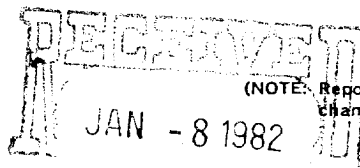
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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, 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.)*

Propose to P X A per the following method:

75 sack cement plug between 5200-5050

75 sack cement plug between 1150-1000

50 sack cement plug between 687-587

(50' in an 50' out 8-5/8" casing)

25 sack surface plug.

Erect P X A marker

Verbal approval received from Roger Chapman to M. Randolph 12-21-81.

0+4-USGS

1-Hou

1-Susp

1-W. Stafford, Hou

1-MDR

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

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

SIGNED Mark Randolph TITLE Ast. Adm. Analyst DATE 12-31-81

(This space for Federal or State office use)
APPROVED BY ROGER A. CHAPMAN TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JAN 12 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side