

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-7488

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 "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Amoco Production Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Drawer A, Levelland, Texas 79336		8. FARM OR LEASE NAME Myers "B" Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL x 990' FEL (Unit I NE/4 SE/4) Sec. 9		9. WELL NO. 26	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Langlie Mattix	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3279.0 GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 9-24-37 NMPM	
		12. COUNTY OR PARISH Lea	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

Hillin Drilling Co. spudded 12 $\frac{1}{4}$ " hole at 2:45 p.m. 11-11-77. Reached TD of 1036' 11-13-77. 8-5/8" casing set at 1036' and cement w/400 sx Howco Lite plus 100 sx Class C w/2% CACL. Plug down at 11:00 p.m. 11-13-77 and circulate 80 sx of cmt to surface. WOC 24 hrs. Test csg w/1000# for 30 min. Test ok. Reduce hole to 7-7/8" and resumed drilling.

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

SIGNED Ray W. Cox TITLE Administrative Assistant DATE 11-21-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:0 & 4-USGS-H
1-Div.
1-Susp.
1-RC

TITLE _____

DATE _____

ACCEPTED FOR RECORD

NOV 23 1977

*See Instructions on Reverse Side

GEOLOGICAL SURVEY
NEW MEXICO

RECEIVED

MAY 2 1977

OIL CONSERVATION COMM.
HOBBS, N. M.