

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 well <input type="checkbox"/> gas well <input checked="" type="checkbox"/> other	5. LEASE LC-032450(b)
2. NAME OF OPERATOR Amoco Production Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660' FNL X 810' FWL, Sec. 15 AT TOP PROD. INTERVAL: (Unit D, NW/4 NW/4) AT TOTAL DEPTH:	8. FARM OR LEASE NAME Cortland Myers B
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. WELL NO. 2
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> CHANGE ZONES <input type="checkbox"/> ABANDON* <input type="checkbox"/> (other) Name Change <input type="checkbox"/>	10. FIELD OR WILDCAT NAME Lanlie Mattix Queen
SUBSEQUENT REPORT OF: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 15 T-24-37
	12. COUNTY OR PARISH Lea
	13. STATE NM
	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD)

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(NOTE: Submit 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.)*

Name changed from Myers B #28 to Cortland Myers B #2.

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

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

SIGNED Bob Davis TITLE Asst. Admin. Analyst DATE 10-22-79

(This space for Federal or State use)

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

0+4-USGS,H 1-Hou 1-Susp 1-BD

ACCEPTED FOR RECORD
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