

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

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P.O. Drawer "A", Levelland, Texas

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

AT SURFACE: 1650'FNL & 1650'FEL, Sec 15(Unit G
AT TOP PROD. INTERVAL: SW $\frac{1}{4}$, NE $\frac{1}{4}$
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) Spud; set casing & test X

SUBSEQUENT REPORT OF:

RECEIVED
JAN 22 1979U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO5. LEASE
NM-0321613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
South Mattix Unit9. WELL NO.
3310. FIELD OR WILDCAT NAME
Fowler Upper Paddock and Tubb11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15-24-3712. COUNTY OR PARISH
Lea13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3258.5 RDB

(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 1/13/79, Capitan (rig #16) spudded a 12 1/4" hole at 8:00 a.m. Drilled to TD 1037' and ran 8 5/8" 24# K-55 ST & C casing set at 1037'. Cemented with 400 sx Class C plus additives and 100 sx Class C plus 2% CACL. Circulated 10 sx. PD 3:45 p.m. 1/14/79. WOC 18 hours. Test casing 1000# for 30 minutes. Test O.K. Reduced hole to 7 7/8" and resumed drilling.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED Ray Cox TITLE Admin. Supervisor DATE January 16, 1979

(This space for Federal or State office use)

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

0+4-USGS-H
1-Houston
1-Susp
1-DE

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
JAN 22 1979
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO