

**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 ☐ well    gas ☒ well    other ☐
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.)  
1650' FNL & 1650' FWL, Sec. 15  
AT SURFACE: (Unit F, SE/4 NW/4)  
AT TOP PROD. INTERVAL:  
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:

- ☒
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

**RECEIVED**

AUG 24 1979

E: Report results of multiple completion or zone change on Form 9-330.)

**U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO**

5. LEASE  
LC-032450-b
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
South Mattix Unit Fed.
8. FARM OR LEASE NAME  
South Mattix Unit Fed.
9. WELL NO.  
35
10. FIELD OR WILDCAT NAME  
Fowler Upper Paddock
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
15-24-37
12. COUNTY OR PARISH  
Lea
13. STATE  
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3246.0 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.)\*

Drilled to a TD of 6400' and ran 7" 20,23,&26# casing set at 6398'. Cemented with 880 SX Class C cement with additives. Followed with 390 SX Class C with additives. Plug down 8:00 p.m. 8-13-79. Top of cement found at approximately 1177' by temp survey. Will test casing when move in completion unit.

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 8-17-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS,H; 1-Hou; 1-Susp; 1-BD; 1-Chevron; 1-Arco; 1-Tenneco

\*See Instructions on Reverse Side

