COPY TO O. C. C.

ين ال

~~<u>`</u>

| Form 9-331 | Form Approved. |
|---|--|
| Dec. 1973 UNITED STATES | Budget Bureau No. 42–R1424 |
| DEPARTMENT OF THE INTERIOR | 5. LEASE |
| | LC-032450-b |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME |
| (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.) | South Mattix Unit Fed. |
| 1 oil geo ii | O. FARM UR LEASE NAME |
| well gas i other | South Mattix Unit Fed. |
| 2. NAME OF OPERATOR | |
| Amoco Production Company | 10. FIELD OR WILDCAT NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240 | Fowler Upper Paddock |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR |
| 1650' FNI & 1650' FWI Sec 16 | AREA 15-24-37 |
| AT SURFACE: (Unit F, SE/4 NW/4) | 12. COUNTY OR PARISH 13. STATE |
| AT TOTAL DEPTH: | Lea NM |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | 14. API NO. |
| REPORT, OR OTHER DATA | 15 51514710110 |
| REQUEST FOR APPROVAL TO: SUBSFOLIENT REPORT OF | 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3246.0 GR |
| TEST WATER SHUT-OFF | |
| FRACTURE TREAT | |
| SHOOT OR ACIDIZE 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 | |
| PULL OR ALTER CASING H | NOTE Report results of multiple completion or zone |
| MULTIPLE COMPLETE | 1070 |
| CHANGE ZONES | n 1979 |
| (other) U. S. GEOLOG | BICAL SURVEY |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen | W MEXICO all pertinent details, and give pertinent dates, rectionally drilled, give subsurface locations and |
| On 7-12-79 Cactus Drilling Co. (Rig #63) spude | |
| Drilled to a TD of 1065' and ran 8-5/8" 24# ca | asing set at 1065'. Cemented with |
| 400 SX Class C cement with additives. Tailed | in 150 SX Class C cement with 2% CACL |
| Plugged down 8:15 p.m. 7-13-79. Circulated 75 | SX. WOC 24 hrs. Tested casing |
| with 1000# for 30 min. Test OK. Reduced hole | |
| | and resulted driffing. |
| ubsurface Safety Valve: Manu. and Type | |
| 8. I hereby certify that the former | Set @ Ft. |
| 8. I hereby certify that the foregoing is true and correct | |
| GNED Kay Cox TITLE Admin. Supervi | SOT DATE 7-23-79 RECORD |
| V (This space for Federal or State office PPROVED BY | AUULI |
| ONDITIONS OF APPROVAL IF ANY: 0+4-USGS, H, 1-BD, 1-Chevron, 1-Conoco, 1-Hou, | J-Susp, -Arco, JUL-Tennac & URVET U. S. GEOLOGICAL MEXICO HOBBS, NEW MEXICO |
| | U. S. GEVE NEW NILL |
| *See Instructions on Reverse Sid | HUUL |

*See Instructions on Reverse Side