

**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 ☐  
well 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.)

1840' FSL & 660' FEL Sec. 15

AT SURFACE: (Unit I, NE/4 SE/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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) ☐

**RECEIVED**

JUL 31 1979

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

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

5. LEASE  
NM-0321613

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.  
37

10. FIELD OR WILDCAT NAME  
Fowler Upper Yeso

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

15-24-37

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3230.9 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 6400' and ran 5-1/2" 14# & 15-1/2# casing set at 6400'.

Cemented with 475 SX Lite and 345 SX Class C cement. Plug down 4:15 a.m.

7-9-79. Cement did not circulate. Temp survey found top of cement at approximately

1435 feet from surface. WOC 18 hrs. Tested casing with 1500# for 30 minutes.

Test OK. Currently waiting on completion unit.

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 7-27-79

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

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

\*See Instructions on Reverse Side

