

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      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.) 1980' FEL & 660' FSL, Sec. 9  
AT SURFACE: (Unit 0, SW/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:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON\* ☐
- (other) ☐

## SUBSEQUENT REPORT OF:

- ☒
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

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5. LEASE  
NM-7488
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME  
Myers B Federal
9. WELL NO.  
29
10. FIELD OR WILDCAT NAME  
Langlie Mattix Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
9-24-37
12. COUNTY OR PARISH      13. STATE  
Lea      NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3271.3 GR

(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.)\*

Drilled to a TD of 3598' and ran 7" casing set at 3598'. Cemented with 670 sx Class C cement with additives and 200 sx Class C cement with additives. Plugged down 6:00 A.M. 10-10-79. Circulated 50 sx. 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 Assist. Admin DATE 10-18-79

(This space is for State office use)

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

CONDITIONS OF APPROVAL, IF ANY:  
0+4 USGS-H, 1-Hou, 1-Susp, 1-BD