Icy to OCC

Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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.)

5. LEASE
~~LG 032181 b~~ NMD 321613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. oil well [X]   gas well [ ]   other

7. UNIT AGREEMENT NAME
South Mattix Unit Fed.

8. FARM OR LEASE NAME
South Mattix Unit Fed.

2. NAME OF OPERATOR

Amoco Production Company

9. WELL NO.
38

3. ADDRESS OF OPERATOR

P. O. Box 68, Hobbs, NM   88240

10. FIELD OR WILDCAT NAME
Fowler Drinkard

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 750' FNL x 750' FEL, Sec. 15
AT TOP PROD. INTERVAL: (Unit A, NE/4 NE/4)
AT TOTAL DEPTH:

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
15-24-37

12. COUNTY OR PARISH	13. STATE
Lea	NM

14. API NO.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3246.3 GL

	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*	[ ]	[X]
(other)		

RECEIVED

FEB   1980

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

Plugged and Abandoned well per the following procedure:

Spotted a 125 sx Class H cement plug 750'-650'.
Spotted a 20 sx Class H cement plug 30'-surf.

Skidded rig 50' to the East. All plans will remain the same as South Mattix Unit #38.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED _Bob Davis_   TITLE Ass. Admin. Ana.   DATE 2-4-80

(This space for Federal or State office use)
APPROVED BY (Orig. Sgd.) PETER W. CHESTER ACTING DISTRICT ENGINEER   TITLE _____ DATE SEP 15 1980
CONDITIONS OF APPROVAL, IF ANY:

0+4 USGS-H, 1-Hou, 1-Susp, 1-BD, 1-ARCO

*See Instructions on Reverse Side