

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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Form Approved
BUREAU OF LAND MANAGEMENT
AUG 24 1983

5. LEASE
NM-0145685

O. C. D.

6. IF INDIAN, ALLOTTEE OR INDIAN NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Horton Federal

9. WELL NO.
20

10. FIELD OR WILDCAT NAME
Milnesand-San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29-8-35

12. COUNTY OR PARISH
Roosevelt

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
4219' RDB

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, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330' FNL X 330' FWL, Unit D
AT TOP PROD. INTERVAL: Sec. 29, T-8-S, R-35-E
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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(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.)*

Moved in service unit 6-22-83. Bled, pulled tubing and packer. Ran tubing with packer set at 4702'. Acidized with 15% NE HCL and additives. Flush to perfs with 19 bbl. lease water. Pulled tubing and packer set at 4546'. Moved out service unit 6-23-83. Commenced injection and injected 3059 BW, at tubing pressure 520 psi. in 24 hours. Last 24 hours injected 966 BW with tubing pressure at 560 psi. Return to injection.

0+4-BLM, R 1-HOU R.E. Ogden, Rm 21.150 1-F. J. Nash, HOU Rm. 4.206 1-NMOC, H 1-PJS

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

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

SIGNED Peter J. Scuma TITLE Ast. Adm. Analyst DATE 8-23-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE ACCEPTED FOR RECORD

AUG 26 1983

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SEP 5 1963

O.C.D.
HOBBS OFFICE