

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

88240

Form Approved
Budget Bureau No. 42-R1424

SUNDRY NOTICES AND REPORTS ON WELLS

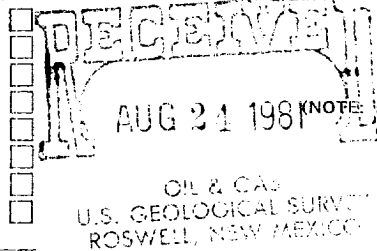
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ well ☐ gas ☐ well ☐ other ☒ Injection
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.)
AT SURFACE: Sec. 29, T-8-S, R-35-E, Unit B
AT TOP PROD. INTERVAL: 330' FNL X 2310 FEL
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) ☒ Convert to injection

SUBSEQUENT REPORT OF:



5. LEASE
NM-0145685
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Horton Federal
9. WELL NO.
26
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)
4212' RDB

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.)*

Propose to convert to injection by the following method:

Pull production equipment. Run workstring and packer and set packer at 4580'. Acidize with 2200 gals. 15% NEFE acid and 220 gals. MUSOL-A in 2 stages. Flush with brine water. Pull workstring and packer. Run tubing and injection packer. Packer set at 4550'. Place well on injection.

0+4-USGS, R 1-Hou 1-Susp 1-GPM

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

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

SIGNED Greg Mitchell TITLE Admin. Analyst DATE 8-21-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO LIKE
APPROVAL BY STATE

*See Instructions on Reverse Side

APPROVED

AUG 27 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR