

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 well ☐ gas well ☐ other ☒ Injection

2. NAME OF OPERATOR

Amoco Production Company / U.S. Geological Survey

3. ADDRESS OF OPERATOR

P. O. Box 68 Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 330' FNL X 668' FEL, Sec. 19

AT TOP PROD. INTERVAL: (Unit A, NE/4, NE/4)

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:

☐☐☐☐☐☐☐☐

5. LEASE

NM-0415461

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Old Indian Draw Unit Fed.

9. WELL NO.

11

10. FIELD OR WILDCAT NAME

Indian Draw Delaware

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

19-22-28

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3083.15 RDB

(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.)*

Propose to convert producer into water injector by the following method:

Pull rods and tubing. Perforate Delaware intervals 3286'-95' and 3303'-28' with 4 JSPF. Run packer and tubing and set packer at 3260'. Acidize well with 1000 gallons 7-1/2% clay stabilizing acid tagged with 1 mc radioactive material. Flush with 15 bbls. fresh water. Pull tubing, and packer and run injection packer and plastic coated tubing. Set packer at 3200'. Place well on injection.

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

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

SIGNED

Mary K. Stos

TITLE Ast. Ad. Analyst DATE 7-30-80

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

ACTING DISTRICT ENGINEER

DATE

JUL 31 1980

0+4-USGS, A

1-Hou

1-Susp

1-MKE

Subject to concurrence by N.M.O.C.D.

*See Instructions on Reverse Side