CHANGE ZONES ABANDON* (other)

PULL OR ALTER CASING MULTIPLE COMPLETE

Furni, Approved

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Dec. 1973	Budget Bureau No. 42–R1424		
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE NO 145685 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME		
1. oil gas other	Horton_Federal 9. WELL NO.		
2. NAME OF OPERATOR Amoco Production Company	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR P. O. Box 68 Hobbs, NM 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Milnesand 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
below.) AT SURFACE: 2310' FSL X 2246' FEL, Sec. 30 AT TOP PROD. INTERVAL: (Unit J, NW/4, SE/4) AT TOTAL DEPTH:	30-8-35 12. COUNTY OR PARISH 13. STATE ROOSEVELT NM 14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 4224 RDR		
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE JUL	EIVED		
REPAIR WELL PULL OR ALTER CASING U. S. GEOL	OGICAL SERVEY 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.)*

HOBBS, NEW MEXICO

Propose to increase production by the following method:

Run treating packer to 4600'. Acidize well with 4000 gallons 150 NEFE acid in 2 equal stages. Pump 500 dallons of 20# brine water with 400# of 50-50 mixture rock salt and paraformaldehyde. Flush with 12 bbls. of fresh water. Run pumping equipment and return well to prodution.

Subsurface Safety Valve: Manu. an	d Type			et @Ft.
18. I hereby certify that the forego	ing is true and corr	ect _Ast. Ad. Analy	/st_DATE6-30-	80
	(This space	for Federal or State office	use)	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	T(TL)	E	DATE	APPROVED
0+4-USGS, H	1-Hou	1-Susp	1-MKE	- 4000

*See Instructions on Reverse Side

JUL