Ferm 9-331 Dec. 1973       IN. H. 21 January Mathematical State of the second state of the second state stat			
UNITED STATES, CCTS, MEMORY         DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY         5. LEASE MM-0145685         SUNDRY NOTICES AND REPORTS ON WELLS To not use this form for proposals to deflore or plug back to a different serverit. Use form 53-20 for state proposals."         1. oil gas memory back for a state of state proposals.       0 state state of the state of		- State Budget Bureau No 42R1424	
GEOLOGICAL SURVEY         GEOLOGICAL SURVEY         SUNDRY NOTICES AND REPORTS ON WELLS         Colspan="2">Colspan="2"         Colspan="2"	UNITED STATESHOBES, NEW MERICO	5. LEASE	
UNDERY NOTICES AND REPORTS ON WELLS         SUNDRY NOTICES AND REPORTS ON WELLS         SUNDRY NOTICES AND REPORTS ON WELLS         Constant to for propagation of the green or plug back to a different reservoir the form 5:31-216 r tube propagation.         1. oil gas         Image: State of the green or plug back to a different reservoir the form 5:31-216 r tube propagation.         1. oil gas         Image: State of the green or plug back to a different reservoir the form 5:31-216 r tube propagation.         1. oil gas         Image: State of the green or plug back to a different reservoir the form 5:31-216 r tube propagation.         3. ADDRESS OF OPERATOR Amoto Production Company Amoto Production Company At TOPA PROPINTE BOC. INTERVATUSE: C. 30, T-8-S, R-35-E         1.5. CCTER, AM, OR DEK AND SURVEY OR AREA         A TOPA PROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         Request FOR APPROVAL TO: SUBSEQUENT REPORT OF:         ISUERCOMPETE CONSECUENT REPORT OF:         ISUE OF APPROVAL TO: SUBSEQUENT REPORT OF:         ISUE OF Colspan="2">IMULT DE COMPLETE OFERATIONS (SHOW DF, KDB, AND WD)         IMULT DE COMPLETE OFERATION CELEARLY, See space 17         ISUE OF APROVAL TO: SUBSEQUENT REPORT OF:         ISUE OF APROVAL TO: SUBSEQUENT			
SUNDRY MODILES AND REPORTS ON WELLS         Const we this form by propendix.         New I = for more statement of the propendix.         1. oil = gas = well = other Injection         2. NAME OF OPERATOR         Amoco Production Company         3. ADDRESS OF OPERATOR         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17         below:         9. O. Box 68, Hobbs. NM 88240         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17         below:         motion of well (REPORT LOCATION CLEARLY. See space 17         below:         13. SEC. T. R. M. OR BLK AND SURVEY OR         A TOTAL DEPTH:         14. APH NO.         15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.         REQUEST FOR APPROVAL TO:         SUBSEQUENT REPORT OF         TEST WATER SHUTOFF         POL OR ALTER CASING         WULTIPLE COMPLETE         ON COMPLETE         ONE ZONES         MOLTARLE COMPLETE         ONE SECTIONE PROPOSED OR COMPLETED OFERATIONS (Clearly state all pertinent details, and give pertinent details, motiong actimated date of starting any proposed work. Well bid directionally drilled, and give pertinent details, and give pertinent details, motiong actimated date of starting any proposed work. Well bid for all markers and zones pertinent details, and give subsurface locations and measured and true vertical	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
reserverie, Use Form 3-31-C for such proposals.)       8. FARM OR LEASE NAME         1. oil well gas well other Injection       9.         2. NAME OF OPERATOR       9.         Amoco Production Company       10. FIELD OR WILLOCATION CLEARLY. See space 17         3. ADDRESS OF OPERATOR       11. SEC., T., R. M. OR BLK. AND SURVEY OR         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17       10. FIELD OR WILLOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17         below.)       AT TOTAL DEPTH:       12. COUNTO REPARISH 13. STATE         REPORT, OR OTHER DATA       Subscience 3.0, T-8-5, R-35-E         16. CHECK APPROPARTE BOX TO INDICATE NATURE OF NOTICE.       REPORT, OR OTHER DATA         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       11. SUBSEQUENT REPORT OF:         TOTOR ACIDIZE       11. SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       11. SUBSEQUENT REPORT OF:         TOTOR ACIDIZE	(Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME	
1. of well       Basel       other       Injection       9. WELL NO.         2. NAME OF OPERATOR       9.       Injection       9.         3. ADDRESS OF OPERATOR       9.       Injection       9.         3. ADDRESS OF OPERATOR       9.       Injection       9.         4. DCATION OF WELL (REPORT LOCATION CLEARLY. See space I7       30.85.X.M.D.SURVEY OR       AAEA         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space I7       30.85.X.M.D.SURVEY OR       AAEA         AT TOTAL DEPTH:       11. SEC. T. R. M., OR PARISH 13. STATE       30.85.X.M.D.SURVEY OR         AT TOTAL DEPTH:       13. STATE       NM       14. API NO.         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,       IFREPORT, OR OTHER DATA       14. API NO.         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:       15. ELEVATIONS (SHOW DF, KDB, AND WD)         YEST WATER CASING       10.9. DECIDENT FORMER ON TO INDICATE NATURE OF NOTICE,       15. ELEVATIONS (SHOW DF, KDB, AND WD)         PULL OR ALTER CASING       10.9. DECIDENT FORMER ON TO INDICATE NATURE OF NOTICE,       16. MECK APPROVAL TO:       SUBSEQUENT REPORT OF:         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all partiment details, and give pertiment details, and gi	reservoir. Use Form 9–331–C for such proposals.)		
2. NAME OF OPDIDLETION COMPANY         3. ADDRESS OF OPERATOR         9. 0. Box 68, Hobbs, NM 88240         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)         AT TOTAL DEPTH:         10. FIELD OR WILLDCAT NAME MITHESANCE:         23.01 FSL X 2246' FEL, Unit J AT TOTAL DEPTH:         11. SEC. T., R. M., OR BLK AND SURVEY OR AREA         308-35         12. COUNTY OR PARISH 13. STATE REPORT, OR OTHER DATA         13. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         14. API NO.         15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         17. DESCHIEF PROPOSED OR COMPLETED OPERATIONS Clearly state all pertinent details, and give pertinent dates, including estimated date of stating 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 12-7-81. Pulled tubing, rods, and pump. Ran tubing and mi11 through tight spot 3135'-37'. Pulled tubing and mi11. Pulled up coated tubing and injection packer. Set packer at 4559'. Ran base gamma ray temp. Tog. Accidized with 2000 gal. 15% VEFE HCL and 200 gal MUSOLA in 2 equal stages separated by 400# rock salt and 200# of 100 mesh salt in 600 gal. gelled brine. Pulled up coated tubing and packer. Set packer at 4558'. Moved ou service unit 12-3-81. Commenced water injection 12-82. Last 24 hrs. injected 620 BWPD with tubing pressure 300 PS1. Returned to inj	1. oil gas contraction well well between the second		
ADDRESS OF OPERATOR       Milnesand-San Andres         P. O. Box 68, Hobbs, NM 88240       I. ECATION OF WELL (REPORT LOCATION CLEARLY. See space 17 A LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT TOTAL DEFIN:       II. SEC, T. R., M. OR BLK. AND SURVEY OR AREA         AL DOATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT TOTAL DEFIN:       II. SEC, T. R., M. OR BLK. AND SURVEY OR AREA         Is. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       III. SEC, T. R., M. OR BLK. AND SURVEY OR AREA         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:       III. SEC. T. R., M. OR BLK. AND WD) 4224' RDB         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:       III. SEC. T. R., M. OR BLK. AND WD) 4224' RDB         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:       III. SEC. T. R., M. OR BLK. AND WD) 4224' RDB         WLITIPLE COMPLETE       III. JAN 1 8 1982' change on Form 9-380.)       IIII. SEC. SHOUT REPORT OF:         VILTIPLE COMPLETE       IIII. SEC. T. R., M. OR BLK. AND SURVEY OR ABANDON*       IIII. SEC. SHOUT REPORT OF:         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of stating any proposed work. If well is directionally offlight, give subsurface locations and measured and true vertical depths for all markers and consep pertinent to this work.)*         Moved in service unit 12-7-81. Pulled tubing, rods, and pump. Ran tubing and measured and true vertical depths for all markers and consep pertinent to this work.)*	2. NAME OF OPERATOR		
S. ADDRESS OF VERNION       P. O. Box 68, Hobbs, NM 88240         P. O. Box 68, Hobbs, NM 88240         4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17         below)         AT TOTAL DEFTH:         13. STOP PROD. INTERVALSEC. 30, T-8-S, R-35-E         14. TOTAL DEFTH:         15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.         17. DESCRIBE TRADAT         17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated details of rating any proposed work. If well is directionally drilled, give subsurface locations and messured and true vertical depths for all markers and zones pertinent to this work.)*         Moved in service unit 12-7-81. Pulled tubing, rods, and pump. Ran tubing and injection packer. Set packer at 4559'. Ran base gamma ray temp. log. Acidized with 2000 gal. 15% NEFE HCL and 2000 gal MUSDL A in 2 equal stages separated by 400# rock salt and 200# of 100 mesh salt in 1600 gal. gelled brine. Pulled up coated tubing and packer. Set packer at 4548'. Moved out service unit 12-13-81. Commenced water injection 1-2-82. Last 24 hrs. injected 620 BWPD with tubing pressure 300 PSI. Returned to injection.         0+4-USGS, R       1-Hou       1-Susp 1-CLF         Subsurface Safety Valve: Manu. and Type       Set @       Ft.         18. Thereby certify that the foregoing is true and correct       Set @       Ft.         Subsurface Safety Valve: Manu. and Type       Set @ <td></td> <td></td>			
A. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)       AREA         AT SURFACE:       2310' FSL X 2246' FEL, Unit J AT TOTA DEPTH:       30-8-35         12. COUNTY OF PROD. INTERVALSEC. 30, T-8-S, R-35-E       REPORT. OF OTHER DATA       NM         14. API NO.       14. API NO.         15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT. OR OPHER DATA       SUBSEQUENT REPORT OF:       14. API NO.         15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:       14. API NO.         16. CHECK APPROPRIATE REAT       DATE       DATE       APPROVE         17. DESCRIBE PROOSED 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 12-7-81. Pulled tubing, rods, and pump. Ran tubing and mill through tight spot 3135'-37'. Pulled tubing and mill. Pulled up coated tubing and injection packer at Stopser. Set packer at 4559'. Ran base gamma ray temp. log. Acidized with 2000 gal. 15% NEFE HCL and 200 gal MUSOL A in 2 equal stages separated by 400# rock salt and 200# of 100 mesh salt in 600 gal. gelled brine. Pulled up coated tubing and packer. Set packer at 4548'. Moved out service unit 12-13-81. Commenced water injection 1-2-82. Last 24 hrs. injected 620 BWPD with tubing pressure 300 PSI. Returned to injection.         0+4-USGS, R       1-Hou       1-Susp       1-CLF			
below.)       at SURFACE:       2310' FSL X 2246' FEL, Unit J         AT TOP PROD. INTERVALSEC.30, T-8-S, R-35-E       12. COUNTY OR PARISH 13. STATE         AT TOTAL DEPTH:       14. API NO.         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       NM         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF       Image: Constant State and Parish and and		AREA	
AT TOP PROD. INTERVALSEC. 30, T-2-S, R-35-E         AT TOTAL DEPTH:         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         15. ELEVATIONS (SHOW DF, KDB, AND WD) 4224' RDB         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         16. CHECK APPROVAL TO:       SUBSEQUENT REPORT OF:         17. DESCRIBE PROPOSED OR COMPLETE       Image: Comparison of the starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones 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 12-7-81. Pulled tubing, rods, and pump. Ran tubing and mill through tight spot 3135'-37'. Pulled tubing and mill. Pulled up coated tubing and injection packer. Set packer at 4559'. Ran base gamma ray temp. log. Acidized with 2000 gal. 15% NEFE HCL and 2000 gal MUSOL A in 2 equal stages separated by 4004'' rock salt and 2006' of 100 mesh salt in 600 gal. gelled brine. Pulled up coated tubing and packer. Set packer at 4548'. Moved out service unit 12-13-81. Commenced water injection 1-2-82. Last 24 hrs. injected 620 BWPD with tubing pressure 300 PSI. Returned to injection.         0+4-USGS, R       1-Hou       1-Susp       1-CLF         Subsurface Safety Valve: Manu. and Type       Set @	below.)		
AT TOTAL DEPTH:       14. API NO.         16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       15. ELEVATIONS (SHOW DF, KDB, AND WD) 4224' RDB         REPAIR SUPPORT OF:         TEST WATER SHUT-OFF FRACTURE TREAT         DESCRIPT REPORT OF:         UL OR ALTER CASING         MULTIPLE COMPLETE       DESCRIPT REPORTS OF FOR 9-330.         OLIVER TREAT         MULTIPLE COMPLETE         OLIVER TREAT         OLIVER TREAT         DESCRIPT REPORT FOR DECASING         MULTIPLE COMPLETE         OLIVER TREAT         OLIVER TREAT         OLIVER TREAT         DESCRIPT REPORT FOR DECASING         MULTIPLE COMPLETE         OTHER DATA         OLIVER TREAT         OLIVER TREAT         ALTER CASING         MULTIPLE COMPLETE         OLIVE TREAT         OLIVETED OFERATIONS (Clearly state all pertinent details, and give pertinent dates, including action of the lis directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*         Moved in servic	AT TOP PROD. INTERVAL Sec. 30. T-8-S. R-35-E		
REPORT, OR OTHER DATA       15. ELEVATIONS (SHOW DF, KDB, AND WD)         REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:       4224' RDB         TEST WATER SHUT-OFF       10.102       4224' RDB         REPARTURE TREAT       10.102       10.102       4224' RDB         SHOOT OR ACIDIZE       10.102       10.102       4224' RDB         REPAR WELL       11.102       11.102       11.102       11.102         PULL OR ALTER CASING       11.102       11.102       11.102       11.102         MULTPLE COMPLETE       11.102       11.102       11.102       11.102       11.102         CHANGE ZONES       11.102       11.102       11.102       11.102       11.102       11.102         CHANGE ZONES       11.102 <td>AT TOTAL DEPTH:</td> <td></td>	AT TOTAL DEPTH:		
REQUEST FOR APPROVAL TO:       SUBSEQUENT REPORT OF:         TEST WATER SHUT-OFF			
FRACTURE TREAT			
REPAIR WELL			
MULTIPLE COMPLETE       CLASES         CHARGE ZONES       CLASES         ABANDON*       CLASES         (other)       convert to injection         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 12-7-81. Pulled tubing, rods, and pump. Ran tubing and mill through tight spot 3135'-37'. Pulled tubing and mill. Pulled up coated tubing and injection packer. Set packer at 4559'. Ran base gamma ray temp. log. Acidized with 2000 gal. 15% NEFE HCL and 200 gal MUSOL A in 2 equal stages separated by 400# rock salt and 200# of 100 mesh salt in 600 gal. gelled brine. Pulled up coated tubing and packer. Set packer at 4548'. Moved out service unit 12-13-81. Commenced water injection 1-2-82. Last 24 hrs. injected 620 BWPD with tubing pressure 300 PSI. Returned to injection.         0+4-USGS, R       1-Hou       1-Susp       1-CLF         Subsurface Safety Valve: Manu. and Type       Set @       Ft.         18. I hereby certify that the foregoing is true and correct       SiGNED       Jarmaan Time Ast. Adm. Analyst pare       1-13-82         APPROVED BY       ACCEPTED FOR RECORD are for Federal or State office use)       PETER W. CHPSTER       THE       DATE		A (NOTE: Report results of multiple completion or zone	
CHANGE ZONES	PULL OR ALTER CASING	0 1982 change on Form 9-330.)	
ABANDON*       Image: Convert to injection       Ust of the convert to injection         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 12-7-81. Pulled tubing, rods, and pump. Ran tubing and mill through tight spot 3135'-37'. Pulled tubing and mill. Pulled up coated tubing and injection packer. Set packer at 4559'. Ran base gamma ray temp. log. Acidized with 2000 gal. 15% NEFE HCL and 200 gal MUSOL A in 2 equal stages separated by 400# rock salt and 200# of 100 mesh salt in 600 gal. gelled brine. Pulled up coated tubing and packer. Set packer at 4548'. Moved out service unit 12-13-81. Commenced water injection 1-2-82. Last 24 hrs. injected 620 BWPD with tubing pressure 300 PSI. Returned to injection.         0+4-USGS, R       1-Hou       1-Susp       1-CLF         Subsurface Safety Valve: Manu. and Type       Set @       Ft.         18. I hereby certify that the foregoing is true and correct       Signed       Set @       Ft.         ACCEPTED FOR RECORD       Set correct for Federal or State office use)       PETER W. CHESTER       TUE       DATE			
<ul> <li>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.)*</li> <li>Moved in service unit 12-7-81. Pulled tubing, rods, and pump. Ran tubing and mill through tight spot 3135'-37'. Pulled tubing and mill. Pulled up coated tubing and injection packer. Set packer at 4559'. Ran base gamma ray temp. log. Acidized with 2000 gal. 15% NEFE HCL and 200 gal MUSOL A in 2 equal stages separated by 400# rock salt and 200# of 100 mesh salt in 600 gal. gelled brine. Pulled up coated tubing and packer. Set packer at 4548'. Moved out service unit 12-13-81. Commenced water injection 1-2-82. Last 24 hrs. injected 620 BWPD with tubing pressure 300 PSI. Returned to injection.</li> <li>0+4-USGS, R 1-Hou 1-Susp 1-CLF</li> <li>Subsurface Safety Valve: Manu. and Type</li></ul>	ABANDON*		
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18. I hereby certify that the foregoing is true and correct         SIGNED			
ACCEPTED FOR RECORDS space for Federal or State office use)  APPROVED BY  PETER W, CHESTER  TTLE  DATE  DATE	Subsurface Safety Valve: Manu. and Type		
ACCEPTED FOR RECORDS space for Federal or State office use)  APPROVED BY  PETER W, CHESTER TILE  CONDITIONS OF APPROVAL, IF ANY:	18. I hereby certify that the foregoing is true and correct		
ACCEPTED FOR RECORDS space for Federal or State office use)  APPROVED BY  PETER W, CHESTER TILE  CONDITIONS OF APPROVAL, IF ANY:	SIGNED Cathing Forman TITLE AST. Adm. Ana	11yst date1-13-82	

U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO\*See Instructions on Reverse Side

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NOP 10

promision Notices Recently