

N. M. OIL CONS. COM. SION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY NOV 4 1982

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, New Mexico

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 900' FSL X 1650' FWL, Sec. 30  
AT TOP PROD. INTERVAL: (Unit N. SE/4, SW/4)  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<input type="checkbox"/>		<input type="checkbox"/>

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.  
X 12

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
30-8-35

12. COUNTY OR PARISH  
Roosevelt

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
4226' 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 treat the well per the following:  
Establish injection rate with 2% KCL water. Pump 500 gallons of Hy-Sol. Pump 25 barrels of 6% KCL water with 1 lb/1000 gallons K-33 oxygen scavenger. Pump 300 barrels of cross linked K-Trol IV. Displaced to formation with 2% KCL water with 1#/1000 gallons K-33 oxygen scavenger. Shut-in well for 5 days. Resume injecting.

0+6-MMS, R 1-HOU 1-DMF 1-W. Stafford, HOU

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Peter W. Chester TITLE Ast. Adm. Analyst DATE 11-3-82

APPROVED (This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NOV 10 1982  
FOR  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR \*See instructions on Reverse Side