

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

COPY TO O. C. G.

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 ☐

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.) 2310' FSL X 929' FEL, SEC 30

AT SURFACE: (UNIT I, NE/4 SE/4)

AT TOP PROD. INTERVAL:

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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) ☐

5. LEASE

NMO145685

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Horton Federal Unit

9. WELL NO.

17

10. FIELD OR WILDCAT NAME

Milnesand

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

30-8-35

12. COUNTY OR PARISH 13. STATE

Roosevelt

NM

14. API NO.

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

4222' 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 increase production by the following method:

Run treating packer and set at 4600'. Acidize well with 3000 gallons 15% NEFE acid in 2 equal stages. Separate stages with 500 gallons 20# gelled brine water with 300# 50-50 mix of rock salt and paraformaldehyde. Flush with 12 bbls. flush water. Return well to production.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

*Charles G. Smith*

TITLE

Asst. Ad. Analyst

DATE

6-30-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS, H

1-Hou

1-Susp

1-MKE

\*See Instructions on Reverse Side

APPROVED

JUL 2 1980

DISTRICT SUPERVISOR