

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 ☒ gas ☐
well well other

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, New Mexico 88240

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

AT SURFACE: 330' FNL X 330' FWL, Unit D
AT TOP PROD. INTERVAL: Sec. 29, T-8-S, R-35-E
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-0145685

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Horton Federal

9. WELL NO.

20

10. FIELD OR WILDCAT NAME

Milnesand-San Andres

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

29-8-35

12. COUNTY OR PARISH

Roosevelt

13. STATE

NM

14. API NO.

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

4219' RDB

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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 acidize in attempt to improve conformance as follows:

Release packer and lower tubing 162' and set packer at approx. 4709'. Acidize with 3000 gals of 15% NE HCL acid, containing 1 gal/1000 corrosion inhibitor. Flush with 19 bbl of lease BW. Do not exceed 2 BPM pump rate or 1000 PSI surface pressure. Release packer and raise back to 4547'± and set packer. Return well to injection.

0+4-BLM, R 1-HOU 1-F. J Nash, HOU 1-SUSP 1-PJS

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

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

SIGNED: Peter J. Nash TITLE Ast. Adm. Analyst DATE 4-8-83

APPROVED

(This space for Federal or State office use)

APPROVED BY: PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

APR 19 1983

RECEIVED

04/22/83

APR 22 1983

O.C.D.

HOBBS OFFICE