

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
N. M. OIL CONS. COMMISSION
P. O. BOX 1000
HOBBS, NEW MEXICO

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 ☐ other ☐ injection
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:

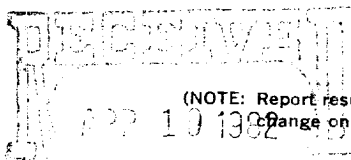
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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:

☐
☐
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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

OIL & GAS
U. S. GEOLOGICAL SURVEY
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 repair tubing or packer leak as follows:

Pull tubing and packer. Inspect, making necessary repairs or replacements.
Re-run new tubing and packer. Return well 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 Cathy L. Jorman TITLE Ast. Adm. Analyst DATE 4-15-82

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

APPROVED
APR 22 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side