

N. M. OIL CONS. COMMISSION
P. O. BOX 1380
HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

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 ☐ well gas ☐ well other ☒ Injection

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.)

AT SURFACE: Sec. 29 T-8-S, R-35-E, Unit D

AT TOP PROD. INTERVAL: 330' FNL X 330' FWL

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 ☐

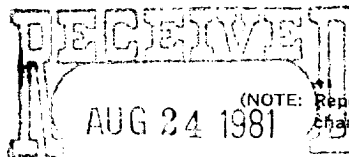
PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☒ Convert to Injection



(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 convert to injection by the following method:

Pull production equipment. Tag bottom and clean out to 4673'. Run workstring and treating packer with packer set at 4580'. Acidize with 2000 gals. 15% NEFE acid and 200 gals. MUSOL-A. Flush with fresh water. Pull workstring and treating packer. Run 2-3/8" plastic coated tubing and packer to 4550'. Place well on injection.

0+4-USGS, R 1-Hou 1-Susp 1-GPM

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

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

SIGNED Greg Mitchell TITLE Admin. Analyst DATE 8-21-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE SUBJECT TO LIKE DATE _____
CONDITIONS OF APPROVAL, IF ANY: APPROVAL BY STATE

*See Instructions on Reverse Side

