

N. M. OIL CONS. COMMISSION  
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

**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: 330' FNL X 660' FWL, Unit D  
AT TOP PROD. INTERVAL: Sec. 31, 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: |                                     | 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 type="checkbox"/>            | <input type="checkbox"/> |
| REPAIR WELL              | <input checked="" 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)                  |                                     |                          |

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.  
23
10. FIELD OR WILDCAT NAME  
Milnesand-San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
31-8-35
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 pull tubing and repair leak.

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. Forman TITLE Asst. Admn. Analyst DATE 6-28-82

**APPROVED**

(This space for Federal or State office use)

(Orig. Sgd.) **PETER W. CHESTER**  
APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**JUN 29 1982**  
FOR  
**JAMES A. GILLHAM**  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side