

COPY TO O. C. G.

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 63, Hobbs, NM 88240

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

330' FNL x 2310' FEL, Sec. 31
AT SURFACE: (Unit B NW/4 NE/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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☒
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

DEC 7 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.

24

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)
4220 RDB

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 deepening well to 4769' and exposing additional pay. Perforate intervals 4686'-4700' and 4712'-4728' with 2 DPJSPF. Perforated intervals will be acidized with approximately 6000 gallons 15% NEFE acid in four stages. After testing results, well will be returned to production.

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

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

SIGNED Cotton Cave TITLE Assist. Admin. Ana DATE 12-6-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

0+4 USGS-H, 1-Hou, 1-Susp, 1-CC

*See Instructions on Reverse Side

