

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 <input type="checkbox"/> well <input type="checkbox"/> gas <input type="checkbox"/> well <input type="checkbox"/> other <input checked="" type="checkbox"/> Injection		5. LEASE NM-0145685
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 1650' FNL X 1652' FWL, Sec. 29 AT SURFACE: AT TOP PROD. INTERVAL: (Unit F, SE/4 NW/4) AT TOTAL DEPTH:		8. FARM OR LEASE NAME Horton Federal
15. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		9. WELL NO. 25
REQUEST FOR APPROVAL TO:		10. FIELD OR WILDCAT NAME Milnesand San Andres
SUBSEQUENT REPORT OF:		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-8-35
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>	12. COUNTY OR PARISH Roosevelt
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>	13. STATE NM
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>	14. API NO.
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>	15. ELEVATIONS (SHOW DF, KDB, AND WD) 4218 RDB
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) <u>Convert to injection</u> <input checked="" type="checkbox"/>		

(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.)*

Moved in service unit 1/29/80. Installed BOP. Ran 3-7/8" bit and tubing and drilled to 4755'. Ran packer and tubing and acidized with 4000 gallons 15% NEFE HCL in 2 stages separated by 300# rock salt in 350 gallons gelled brine water. Pulled and laid down tubing and packer and ran plastic coated tubing and packer. Water injection commenced 3/5/80.

RECEIVED

APR 11 1980

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

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

SIGNED Mark L. Estes TITLE Asst. Admin. Anal. DATE 4/9/80

(This space for Federal or State office use)

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

0-4 USGS-H, 1-HOU, 1-SUSP, 1-MKE