

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.)

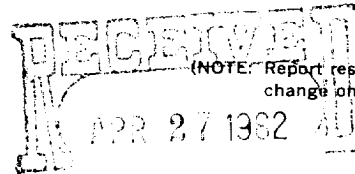
1. oil ☐ gas ☐ other Injection
well well
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 330' FNL x 2310' FEL, Unit B
AT TOP PROD. INTERVAL: Sec. 29, T-8-S, R-35-E
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.)

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 4-16-82. Pulled packer and tubing. Repaired packer. Ran packer and 2-3/8" tubing. Set packer at 4536'. Moved out service unit 4-19-82. Returned 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. Ferman TITLE Ast. Adm. Analyst DATE 4-23-82

ACCEPTED FOR RECORD (This space for Federal or State office use) PETER W. CHESTER	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY: MAY 3 1982	TITLE _____ DATE _____
U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO See Instructions on Reverse Side	

RECEIVED

MAY 4 1982

O.C.D.
HORBS OFFICE