

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 ☒ well gas ☐ well other ☐
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.)
1650' FNL x 2314' FEL Sec. 29
AT SURFACE:
AT TOP PROD. INTERVAL: (Unit G, SW/4NE/4)
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

APR 3 1980

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.
27
10. FIELD OR WILDCAT NAME
Milnesand San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29-8-35 NMPM
12. COUNTY OR PARISH
Roosevelt
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4215 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.)*

Moved in service unit 12/8/77. Pulled rods and tubing. Ran tubing and packer. Set packer at 4600' and treated 4680-4710 with 5000 gallons 20% NE acid with 5000#, 100 mesh sand in 9 stages, and gel water. Returned well to production. Production after workover in 24 hrs. was 3 BO and 32 BW.

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

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

SIGNED Marilyn Stas TITLE Asst. Admin. Ana. DATE 4-1-80

(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

*See Instructions on Reverse Side

