

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, NM 88240

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

AT SURFACE: Sec. 30, T-8-S, R-35-E, Unit D

AT TOP PROD. INTERVAL: 330' FNL X 330' FWL

AT TOTAL DEPTH:

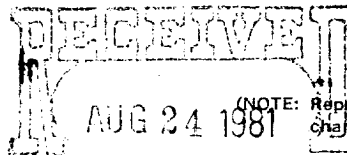
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) Convert to injection

SUBSEQUENT REPORT OF:

☐
☐
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☐
☐
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☐
☐
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☐



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, 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.

1

10. FIELD OR WILDCAT NAME

Milnesand San Andres

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

30-8-35

12. COUNTY OR PARISH

Roosevelt

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

4233' 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 convert to injection by the following method:

Pull production equipment. Tag bottom cleanout to 4761'. Run workstring to 4580' with packer set at 4550'. Acidize with 3000 gals. of 15% NEFE acid and 300 gals. MUSOL-A in 2 stages. Flush with fresh water. Pull workstring and packer. Run 2-3/8" plastic coated tubing and injection packer to 4500'. Place well on injection

0+4-USGS, R 1-Hou 1-Susp 1-GPM

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

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

SIGNED

Greg Mitchell

Admin. Analyst

DATE

8-21-81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SUBJECT TO LIKE
APPROVAL BY STATE

*See Instructions on Reverse Side

APPROVED

AUG 27 1981

Pat
JAMES A. GILHAM
DISTRICT SUPERVISOR