

**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 ☒ well gas ☐ well other ☐
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.) 330' FNL x 330' FWL, Sec. 30
AT SURFACE: (Unit D, NW/4 NW/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:

- ☐
- ☐
- ☒
- ☐
- ☐
- ☐
- ☐
- ☐

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

(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 11/13/79. Drilled from 4706'-4741'. Logged well with Gamma Ray-Sonic-Collar Log. Perforated from 4678'-4688' with 2 JSPF. Acidized perforated interval with 7000 gallons of 15% NE acid and 250# mothballs in 200 gallons gelled brine water. Swabbed and tested. After completion of evaluation, well was returned to production. On 12/23/79 pump tested well. Pumped 8 B0 x 89 BW. 24 hrs

RECEIVED

JAN 23 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

Ray Cox

TITLE Admin. Supervisor DATE 1-18-80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

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

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HOBBS, NEW MEXICO

*See Instructions on Reverse Side