

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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

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: 330' FNL X 2241' FEL, Unit B
AT TOP PROD. INTERVAL: Sec. 30, T-8-S,R-35-E
AT TOTAL DEPTH:

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

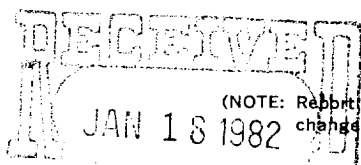
REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) convert to injection

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐



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

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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 12-16-81. Pulled tubing, rods, and pump. Ran seating nipple, 185' of tailpipe, packer, and 4500' of tubing. Spotted 2 bbl. C-Dex. Set packer at 4539'. Displaced 5 bbl C-Dex into formation. Pulled Baker spot control valve. Released packer and pulled up hole. Set packer at 4359' with tailpipe 4552'. Acidized with 3000gal. 15% NEFE HCL and 300 gal MUSOL A in 2 equal stages separated by 200 # graded rock salt and 100# of 100 mesh salt in 300 gal. gelled brine. Tagged with radioactive material. Pulled tubing and packer. Ran coated tubing and packer. Set packer at 4533'. Moved out service unit 1-2-82. Last 24 hr. injected 620 BWPD with tubing pressure 300 PSI. Returned to injection.

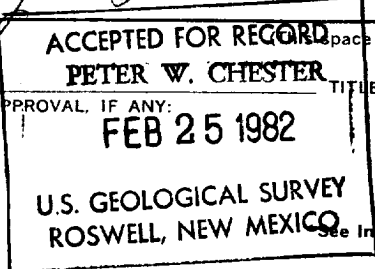
0+4-USGS, R L-Hou 1-Susp 1-CLF

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

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

SIGNED Cathy L. Jerman TITLE Ast. Adm. Analyst DATE 1-13-82

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



See Instructions on Reverse Side

RECEIVED

FEB 21 1982

O.C.O.
HOBBY OFFICE