

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COMMISSION
P. O. BOX 1990
HOBBS, NEW MEXICO 88240

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 ☐
well well 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: 2310' FSL X 1650' FWL, Unit K
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:

SUBSEQUENT REPORT OF:

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

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(other) pressure tested packer

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.
30
10. FIELD OR WILDCAT NAME
MILNESAND SAN ANDRES
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
29-8-35
12. COUNTY OR PARISH
Roosevelt
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
4219' RDB

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

RECEIVED

MAR 29 1983

OIL & GAS

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, 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.)*

Per NMOCD request, pressure tested backside of packer with 500 psi for 30 minutes. Tested okay. Well shut-in.

0+4-BLM,R 1-NMOCD,H 1-HOU 1-F.J.Nash, Hou 1-SUSP 1-CLF

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

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

SIGNED Cathy L. Leeman TITLE Ast. Adm. Analyst DATE 3-25-83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 12 1983

RECEIVED

SEP 15 1983

O.C.D.
HOBBS OFFICE