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N. ... OIL CONS. COMMISSION P. O. BOX 1980 HOBBS, NEW MEXICO 88240

Form 9-331 Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 OIL & GAS 5. LEASE THERALS MOMT. COMICE DEPARTMENT OF THE HISTOREW MEXICO <u>NM-0145685</u> 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON WELLS (D α 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.) 8. FARM OR LEASE NAME Horton Federal gas well well other Injection 9. WELL NO. 30 2. NAME OF OPERATOR Amoco Production Company 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Milnesand San Andres P. O. Box 68, Hobbs, NM 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 29-8-35 below.) AT SURFACE: 2310' FSL X 1650' FWL, Unit K 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: Sec. 29, T-8-S, R-35-E Roosevelt NM AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 4219' RDB REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 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 10-15-82. Pulled tubing, packer, bull plug, and on-off assembly. Ran tubing and packer. Set the packer at 4641'. Released on-off tool and displaced hole with 75 bbl inhibited water. Pulled tubing and installed wellhead. Left the well shut-in. Moved out service unit 10-18-82. 0+4-MMS,R 1-H0U 1-SUSP 1-CLF Subsurface Safety Valve: Manu, and Type ____ Set @ 18. I hereby certify that the foregoing is true and correct Horman TITLE Ast. Admn. Analyst DATE 10-20-82 ACCEPTED FOR RECORDORCE for Federal or State office use)

CONDITIONS OF APPROVAL, JANY 7 1983

W. CHESTER TITLE _

_____ DATE _

RECEIVED

JAN 19 1983

O.C.D. HOBBS OFFICE