

COPY TO C.C.C.

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.) 2310' FSL & 1650' FWL, Sec. 30  
AT SURFACE: (Unit K, NE/4 SW/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) Deepen ☒

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
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☐  
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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.  
8  
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)

(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.)\*

Propose to deepen well to 4747' in order to expose pay and to treat in order to improve oil recovery.

Drill to 4747'. Run treating packer, tubing, and tailpipe. Acidize with 9050 gal NEFE acid with 400# ball sealers in 800 gal of 30# gelled brine. Flush with 78 bbls lease water and 30 bbls lease crude. Pull treating packer. Swab back load and return to production.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Bob Davis TITLE Assist. Admin. Ana. DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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

