Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 Injection
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, New Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FSL X 330' FWL, Unit M
AT TOP PROD. INTERVAL: Sec. 29, T-8-S, R-35-E
AT TOTAL DEPTH:

5. LEASE
NM-[illegible]
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Hanson [illegible]
9. WELL NO.
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 13. STATE
Roosevelt NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
42[illegible] DF

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	[ ]	[X]
PULL OR ALTER CASING	[ ]	[ ]
MULTIPLE COMPLETE	[ ]	[ ]
CHANGE ZONES	[ ]	[ ]
ABANDON*	[ ]	[ ]
(other)		

(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 12-6-82. Attempted to bleed down tubing with Baro 100 BPH and flowed 150 bbl. Unable to bleed down tubing. Cancel workover to deepen well, perforate 4690'-96' and 470[illegible]'-14', and acidize. Moved out service unit 12-7-82. Well shut-in pending further evaluation.

O+4-BLM,R [illegible]-HOU [illegible]-F. J Nash, HOU [illegible]-SUSP

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

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

SIGNED [signature] TITLE Ast. Adm. Analyst DATE [illegible]-83

(This space for Federal or State office use)

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

*See Instructions on Reverse Side