

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other Instructions  
reverse side)Form approved.  
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-0202980

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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 "APPLICATION FOR PERMIT—" for such proposals.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MIDWEST "H" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

VADA-PENN

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

25-9-33 NMPM

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

1. OIL ☒ GAS ☐  
WELL WELL OTHER

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

BOX 367, ANDREWS, TEXAS 79714

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660' FSL x 660' FEL Sec. 25 (P. SE/4 SE/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4307' R. D. B.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐PULL OR ALTER CASING ☐FRACTURE TREAT ☐MULTIPLE COMPLETE ☐SHOOT OR ACIDIZE ☐ABANDON\* ☐REPAIR WELL ☐CHANGE PLANS ☐(Other) ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐REPAIRING WELL ☐FRACTURE TREATMENT ☐ALTERING CASING ☐SHOOTING OR ACIDIZING ☐ABANDONMENT\* ☐(Other) ☐(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)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.)\*

Formerly-Midwest Oil Corp Federal D #1.

In an effort to increase productivity propose  
acidize perforations 9708-28 w/ 2000 gal 15% NE.  
Evaluate & restore to production.

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

SIGNED

Roy R. Yorkum

TITLE ADMINISTRATIVE ASSISTANT

DATE AUG 22 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

AUG 26 1974

DATE

ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

of 4-USGS-14  
1-DIV  
1-SUSP  
1-RRY