Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424.

5. LEASE DESIGNATION AND SERIAL NO.: NM-0145685

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.)

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Amoco Production Company

8. FARM OR LEASE NAME: HORTON FEDERAL

3. ADDRESS OF OPERATOR: BOX 68, HOBBS, N. M. 88240

9. WELL NO.: 2

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

10. FIELD AND POOL, OR WILDCAT: MILNESAND SAN ANDRES

330' FNL x 1650' FWL Sec. 30 (UNIT C, 1/4 NW/4)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 30-8-35 NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4229' R. D. B.

12. COUNTY OR PARISH: ROOSEVELT

13. STATE: N.M.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[X]	CHANGE PLANS	[ ]	(Other)			
(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.)*

In an effort to increase productivity of well propose to acidize down annulus w/1500 gal of double inhibited acid and displace into formation thru perforations 4625-76 & OH 4689-4737. Evaluate and restore to production.

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

SIGNED: Tip R Yoakum TITLE: ADMINISTRATIVE ASSISTANT DATE: OCT 9 1973

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
OCT 9 1973
ARTHUR R. BROWN
DISTRICT ENGINEER

OX4 - USGS - Id
1 - DIV
1 - SUSD
1 - RRY

*See Instructions on Reverse Side