

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1
5. LEASE DESIGNATION AND SERIAL

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.)

NM-0145685
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR **WATER INJECTION**

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR **AMOCO PRODUCTION COMPANY**

HORTON FEDERAL
9. WELL NO.

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
4
MILNES AND SAN AND

1650' FNL x 1650' FNL Sec. 30 (Unit F, SE/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.)
4230' RDB

12. COUNTY OR PARISH **ROOSEVELT** 13. STATE **NM**

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) ☐

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.)
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

In an effort to increase injectivity, propose to acidize perfs 4657' - 71' w/ 2000 gal 15% NE acid and flush w/ 40 bbls of water. Return well to injection.

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

SIGNED **Ray W. Cox**

TITLE **Administrative Assistant**

DATE **4/29/77**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
DATE
MAY 2 1977
BERNARD MOROZ
ACTING DISTRICT ENGINEER

4-UGS-H
1-Div
1-RC

*See Instructions on Reverse Side