

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on  
verse 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 ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
Amoco Production Company

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1650' FNL x 1650' FWL Sec. 30 (UNIT F, SE/4 NW/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4230' RDB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
HORTON FEDERAL

9. WELL NO.  
4

10. FIELD AND POOL, OR WILDCAT  
MILNESAND SAN ANDRES

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

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:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
(Other) ☐

PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
ABANDON\* ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☐

REPAIRING WELL ☒  
ALTERING CASING ☐  
ABANDONMENT\* ☐

(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.)\*

Cleaned out sand from 4665'-4681'; acidized perforations 4657'-71' w/ 1000 gal "one shot" in 4 stages. Evaluated and restored to production.

Prior - Pmp 0 BOX 0 BW 24 hrs.  
After - " 8 BOX 19 BW 24 hrs.

TD- 4690'  
PBD-4681'

4 1/2" CSA 4690'

PERFS: 4657'-71' w/2 JS PF.

OC - 1-19-73

Comp - 2-23-73

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

SIGNED

TITLE AREA SUPERINTENDENT

DATE

2-23-73

(This space for Federal or State office use)

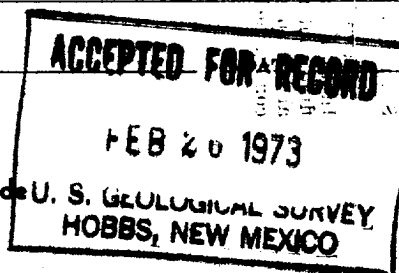
APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

014- USGS-H  
1- DIV  
1- SUSP  
1- RRY

\*See Instructions on Reverse Side U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO



ACCEPTED FOR RETURN  
JUN 10 1973  
U.S. AIR FORCE  
COMMUNICATIONS  
SECTION