

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

## 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>WATER INJECTION</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>NM-0145685</u>	
2. NAME OF OPERATOR <u>AMOCO PRODUCTION COMPANY</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <u>P.O. DRAWER A, LEVELLAND, TEXAS 79336</u>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1650' FNL x 923.8 FEL SEC. 30 (Unit N, SE/4 NE/4)</u>		8. FARM OR LEASE NAME <u>HORION FEDERAL</u>	
14. PERMIT NO.		9. WELL NO. <u>11</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4224' RDB</u>		10. FIELD AND POOL, OR WILDCAT <u>MILNESAND SAN ANDRES</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>30-8-35 NMM</u>	
		12. COUNTY OR PARISH <u>ROOSEVELT</u>	
		13. STATE <u>NM</u>	

## 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.)\*

In an effort to increase injectivity, acidized perforations 4664'-4700' w/ 2000 gals 15% NE acid and flush w/ 40 bbls water. Returned well to injection.

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

SIGNED

Ray W. CoxTITLE Administrative Assistant

DATE

5/6/77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

MAY 9 1977U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side

014-4565-11  
1-Div.  
1-RC

CONFIDENTIAL

RECEIVED

MAY 17 1977

U.S. HOUSE OF REPRESENTATIVES  
COMM. ON GOVERNMENT OPERATIONS  
HOBBS, L. R.