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

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1.

OIL WELL ☐   GAS WELL ☐   OTHER **WATER INJECTION**

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

8. FARM OR LEASE NAME

HORTON FEDERAL

3. ADDRESS OF OPERATOR

P.O. DRAWER A, LEVELLAND, TEXAS 79336

9. WELL NO.

11

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

1650' FNL x 923.8' FEL Sec. 30 (Unit N, SE/4 NE/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

14. PERMIT NO.

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

4114' R.D.B.

12. COUNTY OR PARISH *ROOSEVELT*

13. STATE *NM*

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		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 injectivity, propose to acidize perfs 4664-4700' & 4718'-38' 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 _Kay W. Cox_   TITLE **Administrative Assistant**   DATE *4/29/77*

(This space for Federal or State office use)

APPROVED BY _____   TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

054-USGS-H
1-Div.
1-RC

See Instructions on Reverse Side

APPROVED
DATE
MAY __ 1977
BERNARD MOROZ
ACTING DISTRICT ENGINEER