

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPI
(Other instructions
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re-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 TO DRILL")

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	NAME CHANGED FROM: PAN AMERICAN PETR. CORP. TO: AMOCO PRODUCTION CO. EFFECTIVE 12-1-71	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Pan American Petroleum Corp.</i>		8. FARM OR LEASE NAME <i>HORTON Federal</i>
3. ADDRESS OF OPERATOR <i>Box 18, Hobbs, New Mexico</i>		9. WELL NO. <i>11</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1650' FNL - 923.8' FEL, Sec. 30 (Unit H, SE 1/4 NE 1/4)</i>		10. FIELD AND POOL, OR WILDCAT <i>MILNESAND San Andres</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>4224' R.D.B.</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>30-8-35 NMPM</i>
		12. COUNTY OR PARISH <i>ROOSEVELT</i>
		13. STATE <i>NEW MEXICO</i>

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 accordance w/ Form 9-331 dated 11-7-67,
remedial work performed as follows:*

*Perforated additional San Andres interval
4664-4700' w/ 2 ISPF. Acidized w/ 3000 gal 20%
HCl 1500 gal treated water. Evaluated and
restored to production.*

*Prior - Pmp 50 B0 x 6 BW 24 hours.
after - " 56 B0 x 9 BW 24 hours.*

*OC - 11-14-67
Comp 11-20-67*

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

DEC 15 1967

J L GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

*04 USGS-H
1-NSW
1-SUSP
1-RRY*