

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions reverse 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 **NAME CHANGED:**  
**FROM: PAN AMERICAN PETR. CORP.**  
**TO: AMOCO PRODUCTION CO.**  
3. ADDRESS OF OPERATOR **EFFECTIVE: 2-1-71**  
**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

**990' FSL x 330' FWL Sec 30 (Unit M, SW 1/4 SW 1/4)**

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**4229' R. D. B.**

7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME **HORTON Federal**  
9. WELL NO. **14**  
10. FIELD AND POOL, OR WILDCAT **MILLESAND San Andres**  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA **30-8-35 N M PM**  
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) **Cancel Proposal**

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.)\*

**Work proposed on Form 9-331 dated 3-7-68 will not be performed.**

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

AREA SUPERINTENDENT

SIGNED

TITLE

DATE **3-14-68**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**014-USGS-11**  
**1-NSW**  
**1-SUSP**  
**1-RRY**

\*See Instructions on Reverse Side

RECEIVED 2-1-71  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20535