

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions
reverse side)Form approved.
Budget Bureau No. 42-R1424.
6. LEASE DESIGNATION AND SERIAL NO.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY | 8. FARM OR LEASE NAME Horton Federal |
| 3. ADDRESS OF OPERATOR BOX 367, ANDREWS, TEXAS 79714 | 9. WELL NO. 15 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL 1928.75' FEL Sec. 30 (Unit P) | 10. FIELD AND POOL, OR WILDCAT Milnesano San An |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 30-8-35 NMPM |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4221' RDB | 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.)*

Well was shut in 12/70 due to 100% water production due to water breakthrough.

It is to be used in future secondary recovery operations. Will remain SI until final waterflood pattern for the Horton lease is determined and lease waterflood is initiated. Final disposition of the wellbore will be made at that time.

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

SIGNED

ADMINISTRATIVE ASSISTANT

DATE

OCT 15 1975

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 20 1975

ARTHUR R. BROWN
DISTRICT ENGINEER

04-4-USGS-14

1- DIV

1- SUSP. JAD

*See Instructions on Reverse Side