Form 9-331
(May 1963)

UNIT 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

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

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: PAN AMERICAN PETROLEUM CORPORATION

8. FARM OR LEASE NAME: HORTON Federal

3. ADDRESS OF OPERATOR: BOX 68, HOBBS, N. M. 88240

NAME CHANGED:
FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

9. WELL NO.: 17

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

10. FIELD AND POOL, OR WILDCAT: MILNES AND San Andres

2310' FSL x 928.75' FEL SEC. 30 (UNIT I, NE/4 SE/4)

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.): 4222' R.D.B.

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:				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 accordance w/ Form 9-331 submitted 4-26-67, remedial work performed as follows: Perforated intervals 4664-74, 84-4700 w/ 2 JSPF Acidized w/ 3000 gal LSTNE. Evaluated.

Tested 277 BO x 9 BLW x 128 BNW in 48 hours, pmp. Prior. pmp 12 BO 1 BW 24 hrs.

TD-4774'
PBD-4772'
4½" CSA 4774'
PERFS - 4723-26'

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE 5-4-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

D+4-USGS-H
1-NSW
1-SUSP
1-RRY