

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-145685

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
Amoco Production Company

3. ADDRESS OF OPERATOR
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

330' FWL x 330' FWL Sec 29 (Unit D, NW/4 NW/4)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)
4219' RDB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HORTON FEDERAL

9. WELL NO.

20

10. FIELD AND POOL, OR WILDCAT

MILNESAND SAN ANDRES

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

29-8-35 NMPN

12. COUNTY OR PARISH 13. STATE

ROOSEVELT N. M.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(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.)*

Prepared adit pay interval 4720-40' w/ 21SPF & acidized x 3000 gal 15% NE. Acidized old pay 4661-92 w/ 3000 gal 15% NE.

Evaluated & restored to production.

Prior - Pump 0 Box 64 BW 24 hrs.

After - Pump 35 Box 41 BW 24 hrs.

TD-4764'

PBD-4763'

OC - 10-29-73

Comp 11-6-73

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

SIGNED

Ray R. Graham

TITLE

ADMINISTRATIVE ASSISTANT

DATE

NOV 8 1973

(This space for Federal or State office use)

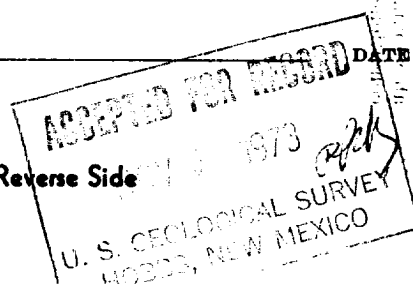
APPROVED BY

COMMISSIONER OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side



*0+ 4- USGS- H
- D.V
- SUSP*