

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

TE
re

Form approved.
Budget Bureau No. 42-K1424

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM - 0145685	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR BOX 367, ANDREWS, TEXAS 79714		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL X 330' FWL SEC. 29 (Unit L)		8. FARM OR LEASE NAME Norton Federal	
14. PERMIT NO.		9. WELL NO. 21	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4219' RDB		10. FIELD AND POOL, OR WILDCAT Milnesand - S in A	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 29-8-35 NMPM	
		12. COUNTY OR PARISH Roosevelt	
		13. STATE N.M.	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Well Status		

(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 12-1-70 due to 100% water production.

Well to remain in SI status until waterflood pattern for lease is determined and lease waterflood is initiated. Final disposition of wellbore to be determined at short time.

This record of completion was filed on 10/15/75

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

SIGNED

TITLE ADMINISTRATIVE ASSISTANT

(This space for Federal or State office use)

DATE OCT 15 1975

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 20 1975

ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

042. BSGS-H
1-DIV
1-SUSP-JAD