

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI
(Other instructions on reverse side)

COPY TO O. C. C.
Form approved.
Budget Bureau No. 42-R1424.

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 HORTON 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-SAN AND | |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-8-35 NMPM | |
| | | 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 <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input checked="" type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) Well 51205 | |

(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 10/1/70 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 well to be determined at that time.

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

SIGNED *Ray R. Joakum* TITLE ADMINISTRATIVE ASSISTANT

DATE OCT 24 1974

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 29 1974

Jim Sims
JIM SIMS
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

044- USGS-H
1- DIV
1- SUSP
1- RRY