

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions  
reverse side)

Form approved  
Budget No. 42-11-121

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. CIL ☒ WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
Amoco Production Company

3. ADDRESS OF OPERATOR  
Box 65, 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

2310' FSL x 330' FWL Sec. 29 (L - NW1/4 SW1/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4219' RDB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HORTON FEDERAL

9. WELL NO.

21

10. FIELD AND POOL, OR WILDCAT

MILNESAND SAND ANDRES

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

29-8-35 N1/4PM

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

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☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐  
☐  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

SHUT IN - 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 producing 100% water. Well shut-in 12/70 for further evaluation and possible use in secondary recovery operations.

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

SIGNED

TITLE

Area Sup

DATE

11-28-72

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

04-4-NMOCC-16  
1-DIV  
1-SUSP

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD

NOV 29 1972

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO