

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(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 ☐

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
BOX 68, HOBBS, N. M. 85240

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

330' FNW x 1677.3' FWL Sec 29 (Unit C, NE 1/4 NW 1/4)

14. PERMIT NO.

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

4213' R.D.B.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HORTON FEDERAL

9. WELL NO.

22

10. FIELD AND POOL, OR WILDCAT

MILNESAND SAN ANDRES

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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☒
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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 an effort to increase productivity propose to acidize perforations 4675-92' w/ 3000 gal. Evaluate and restore to production.

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

SIGNED By R. G. Roakum TITLE

ADMINISTRATIVE ASSISTANT

DATE 8-7-73

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
AUG 9 1973

DATE

*See Instructions on Reverse Side

0+4- USGS-11
1-DW
1-Susp
1-RRy