

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)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 330' FNL x 1677' FWL Sec 29 (Unit C, NE 1/4 NW 1/4)		8. FARM OR LEASE NAME HORTON FEDERAL	
14. PERMIT NO.		9. WELL NO. 22	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4213' RDB		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
perforate adatl interval (Zone II) 4718-32' w/ 2 SSPF.
Acidize new perms 4718-32' w/ 2000 gal 15% NEHcl.
Acidize old perms 4675-92' w/ 2500 gal 15% NEHcl.
Evaluate & restore to production.

TD- 4764'
PB- 4762'

4 1/2" CSA 4764'

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

SIGNED

Roy R. Yeakum

TITLE

ADMINISTRATIVE ASSISTANT

DATE

DEC 30 1975

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

0+4- HSGS- H
1- DIO
1- 309D
1- R24

*See Instructions on Reverse Side