

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 ☐

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

8. FARM OR LEASE NAME

HORTON FEDERAL

3. ADDRESS OF OPERATOR
BOX 367, ANDREWS, TEXAS 79714

9. WELL NO.

22

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

10. FIELD AND POOL, OR WILDCAT

MILNESAND-SAN ANDRES

330' FNL x 1677' FWL Sec. 29 (Unit C, NE 1/4 NW 1/4)

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

29-8-35 NMPM

14. PERMIT NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4213' RDB

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 COMPLETION

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.)*

Remedial work performed as follows:
Perforated intervals 4718-32 w/ 2 JS PF.
Acidized old & new perms w/ 3500 gal 15% NEHCL
Evaluated.

Pres. - Pmp 6 BO x 39 BW 24 Hrs.
after - Pmp 13 BO x 77 BW 24 Hrs.

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

SIGNED *Les Pyrakum*

TITLE ADMINISTRATIVE ASSISTANT

DATE 4/20/76

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

044- USGS-4
1- Div
1- SUSP
1- REV

*See Instructions on Reverse Side

