

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI  
(Other instructions on reverse 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. <b>NM-014 5685</b>	
2. NAME OF OPERATOR <b>AMOCO PRODUCTION COMPANY</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>BOX 367, ANDREWS, TEXAS 79714</b>		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 <b>1650' FNL X 1652.3' WL Sec 29 (Unit F)</b>		8. FARM OR LEASE NAME <b>HORTON FEDERAL</b>	
14. PERMIT NO.		9. WELL NO. <b>25</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4218' RDB</b>		10. FIELD AND POOL, OR WILDCAT <b>MILNESAND-SAN AND</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>29-8-35 NMPM</b>	
		12. COUNTY OR PARISH <b>ROOSEVELT</b>	
		13. STATE <b>N.M.</b>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>		<input type="checkbox"/>

(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 8/1/71 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.

NOV 1 1975

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

SIGNED Loy R. Yorkum TITLE ADMINISTRATIVE ASSISTANT

DATE OCT 24 1974

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

OCT 29 1974

JIM SIMS  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

04-4- US 95-14  
1- DIV  
1- SUPP  
1- RRY