

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other Instructions on
reverse side)

Form approved
by the Director, No. 42-10121
5-11-63

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. WELL TYPE ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

Box 68, HOBBS, N. M. 88240

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

At surface

330' FNL x 330' FWL Sec. 30 (Unit D, NW 1/4 NW 1/4

11. PERMIT NO.

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

4233' R.D.B.

7. UNIT OPERATING

8. FARM OR LEASE NAME

HORTON FEDERAL

9. ACRES

1

10. FIELD AND FOOL, OR WILDCAT

MILNESAND SAN ANDRES

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

30-8-35 NmPM

12. COUNTY OR PARISH 13. STATE

ROOSEVELT N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE 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 perti-
nent to this work.)*

Acidized perforations 4626'-34' w/ 1500 gal parackean.
Evaluated & restored to production.

PRIOR- PMP 5 BBLs FLUID 24 Hrs.
AFTER- " 11 BO x 46 BW 24 Hrs.

TD- 4693'
PAD- 4691'

OC- 10-17-73

COMP- 10-23-73

4 1/2' CSA 4693'

PERFS: 4626'-34', 46'-50', 56'-74'

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

SIGNED

Loy R. Yakum

TITLE ADMINISTRATIVE ASSISTANT

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

0+4 USGS-H
1-DIV
1-SVS

ACCEPTED FOR RECORD
OCT 26 1973
U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

OCT 23 1973

*See Instructions on Reverse Side