

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424.
LEASE DESIGNATION AND SERIAL NO.

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.)

NM-0145685

INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR PAN AMERICAN PETROLEUM CORPORATION	8. FARM OR LEASE NAME HORTON FEDERAL
3. ADDRESS OF OPERATOR BOX 38, HOBBS, N. M. 88240	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL x 2241.3' FEL Sec 30 (Unit B, NW 1/4 NE 1/4)	10. FIELD AND POOL, OR WILDCAT MILNESAND SAN AND.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4227' R.D.B.
	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	<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 checked="" type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input 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.)*

In accordance w/ Form 9-331 submitted 9-6-68, remedial work performed as follows:
Deepened from PDD-4693 (TD-4696) to 4732.
Acidized w/ 5000 gal 20% LSTN5. Evaluated and restarted to production.

TD- 4732.
Open Hole: 4696'-4732'
Perf: 4674'-88'
4 1/2" CSA 4696'.

OC- 10-11-68
Comp- 10-29-68

NAME CHANGED:
FROM: PAN AMERICAN PETR. CORP.
TO: AMOCO PRODUCTION CO.
EFFECTIVE: 2-1-71

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE NOV 11 1968

(This space for Federal or State office use)

APPROVED BY _____ TITLE APPROVED

CONDITIONS OF APPROVAL, IF ANY:

NOV 11 1968

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER

0-4 - USGS - H
1- NSW
1- SUSP
1- RRY