

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

U. S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO
SUBMIT IN TRIPL
(Other Instructions
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

DESIGNATION AND SERIAL NO.

NM-0145685

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Amoco Production Company		8. FARM OR LEASE NAME Horton Federal	
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, NM 88240		9. WELL NO. 8	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL x 1650' FWL, Sec. 30 (Unit K, NE/4, SW/4)		10. FIELD AND POOL, OR WILDCAT Milnesand San Andres	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4228' RDB	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 30-8-35	
		12. COUNTY OR PARISH Roosevelt	
		13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

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.)

Workover to inspect csg and attempt to raise cmt behind 4-1/2" casing. MISU 5-27-84, pulled rods, pump, and tbq. Ran bit, csg scrapper, drill collars and tbq to 4701', circulated hole clean. POH with tbq, drill collars, and bit. Ran RBP and tbq, set RBP at 4640'. Pressure tested to 500 psi for 30 min, tested ok. Spotted 2 sxs sand, pulled tbq and setting tool. Ran csg inspection log, caliper, and pipe recovery log. Pressure tested csg to 1000 psi for 30 min, tested ok. Perfed 3975'-76' w/4 SPF. Ran pkr and tbq, set pkr at 3870'. Pumped 180 bbls water down tbq, unable to circ out 8-5/8" csg. Released pkr and pulled tbq. Ran cmt retainer, set at 3870'. Tst tbq to 3000 psi, tested ok. Tst csg to 1000 psi, tested ok. Pumped 250 sxs class "C" neat cmt, stung out of retainer, pulled tbq and WOC. Ran bit, drill collars, and tbq, tagged fill at 3832'. Cleaned out and drilled out to 3864'. Pulled tbq, drill collars, and bit. Ran pkr and tbq, tested tbq and csg, tested ok. Pulled tbq and pkr. MOSU 6-7-84. Well is currently shut-in.



0+6 BLM,R 1-J.R. Barnett, Hou Rm 21.156 1-F.J. Nash, Hou Rm 4.206

I hereby certify that the foregoing is true and correct

SIGNED Harry C. Clark TITLE Asst. Admin. Analyst DATE 6-18-84

(This space for Federal or State office use)

APPROVED BY PERCIE W. CHESTER TITLE Asst. Admin. Analyst DATE 6-18-84

JUN 22 1984

*See Instructions on Reverse Side