

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Dry Hole</i>		5. LEASE DESIGNATION AND SERIAL NO. <i>NM 0145685</i>
2. NAME OF OPERATOR <i>AMOCO PRODUCTION COMPANY</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>BOX 367, ANDREWS, TEXAS 79714</i>		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 <i>330' FNL X 330' FEL SUC <sup>31</sup> (Unit A)</i>		8. FARM OR LEASE NAME <i>RUSSELL E HORTON</i>
14. PERMIT NO.		9. WELL NO. <i>16</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>4218' R. D. B.</i>		10. FIELD AND POOL, OR WILDCAT <i>UNDESIGNATED</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>31-8-35</i>
		12. COUNTY OR PARISH <i>ROOSEVELT</i>
		13. STATE <i>NM</i>

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 type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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) <i>Well Status</i> <input checked="" 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.)\*

*Will completed as a dry hole 9-29-64 & SI.  
Reviewing recompletion possibilities. of  
none effect, well P&A.  
Projected date: April, 1975.*

*DEC 1, 1975*

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

SIGNED *Roy R. Yorkum* TITLE *ADMINISTRATIVE ASSISTANT* DATE *OCT 29 1974*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

*044- USGS-11  
1- DIV  
1- SURD  
1- RRY*

\*See Instructions on Reverse Side

**APPROVED**  
DATE *NOV 1 1974*  
*Jim Sims*  
JIM SIMS  
ACTING DISTRICT ENGINEER