Form 9-331 (May 1983)

## UNITED STATES DEPARTMENT ( THE INTERIOR Verse side) SUBMIT IN TRIPLICATE.

Form approved. Budget Bureau No. 42-R1424.

| <br> | · -    |        |
|------|--------|--------|
| GEOL | OGICAL | SURVEY |

| _ |     |        |     | CHONEN |  |
|---|-----|--------|-----|--------|--|
| - | FOI | ( )( ¬ | CAL | SURVEY |  |

| -        | 1 carrie | ;  | 7.1 |    | ч. | 740 | . 72-10 | 1.45 |
|----------|----------|----|-----|----|----|-----|---------|------|
| 5. LEASE | DESI     | GN | ATI | ON | 42 | U:  | SERIAL  | NO.  |
|          | _        |    |     |    | _  | _   | ~       |      |

|  | NM-0145685  |  |
|--|---|--|
| SUND<br>(Do not use this for                 | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME rent reservoir.                                  |  |
| I. OIL GAS                                   |   | 7. UNIT AGREEMENT NAME   |
| WELL WELL                                    | OTHER   | 8. FARM OR LEASE NAME  |
| AMOCO PRODU                                  | CTION COMPANY   | HORTON FEDERAL   |
| 3. ADDRESS OF OPERATOR  P. O. DRAWER A. LEVE | LLAND, TEXAS 79336  | 9. WELL NO.  |
| See also space 17 below.                     | ort location clearly and in accordance with any State requirer                        | •  |
| 1650.5 FNL X                                 | MILNESAND SAN HADRE,  11. SEC., T., R., M., OR BLK. AND  SURVEY OR AREA  29-8-35 NMPM |  |
| 14. PERMIT NO.                               | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  | 12. COUNTY OF PARISH 13. STATE   |
|  | 4217 RDB  | KOOSEVELT NM   |
| 16.  | Check Appropriate Box To Indicate Nature of No  | otice, Report, or Other Data   |
| NO   | CICE OF INTENTION TO:   | SUBSEQUENT REPORT OF:  |
| TEST WATER SHUT-OFF                          | PULL OR ALTER CASING WATER  | SHUT-OFF REPAIRING WELL  |
| FRACTURE TREAT                               |   | URE TREATMENT ALTERING CASING  |
| SHOOT OR ACIDIZE                             | ABANDON* SHOOT  | ING OR ACIDIZING ABANDONMENT*  |
| REPAIR WELL                                  | CHANGE PLANS (Othe  | Note: Report results of multiple completion on Weff  |
| (Other)                                      |   | Completion or Recompletion Report and Log form.) give pertinent dates, including estimated date of starting any  |
|  | in in SI status pending recovery in our ance Project.                                 | future needs for<br>Horton Pressure  |
| /si <sup></sup>                              | abandonment expires   | 7  |
| 18. I hereby certify that                    | ne foregoing is true and correct  |  |
| signed Ka                                    | y W. Cop TITLE Administra   | tive Assistant DATE 6/29/76  |
| (This space for Federa                       | For State office use)   |  |
| APPROVED BY                                  | PROVAL, IF ANY:   |  |
| +4- WS65-H                                   |   | JUL 9 1976   |
| 1-DIV  | *See Instructions on Rever  | The state of the s |
| 1- Susp                                      | 1. S. GEOLOGIONE South  |  |
| 1 - 0 0                                      |   | HOBBS, NEW MEXICO  |

RECEIVED

JUL 2 1976 CIL CONSERVATION COMM. HOBBS, N. M.