

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0145685

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY3. ADDRESS OF OPERATOR
BOX 367, ANDREWS, TEXAS 797144. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1650.5 FNL x 330' FWL Sec. 29 (Unit E, SW/4 NW/4)

14. PERMIT NO.

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

4217' R.D.B.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HORTON FEDERAL

9. WELL NO.

18

10. FIELD AND POOL, OR WILDCAT

MILNESAND-SAN ANDRES

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

29-8-35 NMPPM

12. COUNTY OR PARISH 13. STATE

ROOSEVELT

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE 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 pertinent to this work.)*

Remedial work performed as follows:

Squeezed perforations 4664-96 w/ 1005x. Class C neat
+ 0.5% CFR-2 w/ 5# ST/SX + 50SX. CLASS C neat. May 3000 psi.
REV. 55 04.

woc. Pres test coq w/ 900 psi for 30 min. Test O.K.

Per. 4718-42' w/ 21SPF. Acid w/ 2000 gal 15% NE HCL.

Evaluated.

Last test pmp 0 BOT 168 Bbl water 24 Hrs.

Well pumps 1 day every 4th day.This well is in the Horton Federal Milnesand-SanAnd
Pressure maintenance project.OC- 8-27-75
COMP-12-12-75

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

SIGNED

Roy Roakum

TITLE

ADMINISTRATIVE ASSISTANT

DATE

12-12-75

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

044- USGS- H
1- DIR
1- SUSP
1- RRY

*See Instructions on Reverse Side

RECEIVED

FEB 20 1976

OIL CONSERVATION COMM.
FED. R. M.