

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLY
(Other instructions
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0145685

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 NMPM

12. COUNTY OR PARISH

ROOSEVELT N.M.

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
PAN AMERICAN PETROLEUM CORPORATION

3. ADDRESS OF OPERATOR

BOX 68, HOBBS, N. M. 88240

NAME CHANGED:

FROM PAN AMERICAN PETR. CORP.

TO: AMOCO PRODUCTION CO.

EFFECTIVE: 2-1-71

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

14. PERMIT NO.

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

4217' R.D. B.

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.)

In accordance w/ Form 9.331 dated 12-6-67,
acidized ^{now} perforations 4664' 96' (w/2JSPF) w/ 3000
gal 20% LSTNE. Evaluate L.

Prior. PMP 40 BO x 10 BW 24 hours.
AFTER AMP 101 BO x 87 BLW 24 hours.

TD- 4770
PBD - 4768
PERFS 4718-34
4664-96

OC 1-2-68
COMP 1-7-68

4 1/2" CSA 4770

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

1-9-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

JAN 1

J L GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

014- USGS Hobbs
1- NSW
1- SUSP
1- RRY

CHURCHMAN
CHURCHMAN
CHURCHMAN
CHURCHMAN
CHURCHMAN

CHURCHMAN

CHURCHMAN

CHURCHMAN