

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY TO O. G. C.
SUBMIT IN TRIPPLICATE
(Other instructions on reverse 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 <u>Injection Well</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>NM-0145685</u>
2. NAME OF OPERATOR <u>Amoco Production Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Drawer A, Levelland, Texas 79336</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>990' FSL X 330' FWL Sec. 29 (Unit M, SW/4 SW/4)</u>		8. FARM OR LEASE NAME <u>Horton Federal</u>
14. PERMIT NO.		9. WELL NO. <u>31</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4222' RDB</u>		10. FIELD AND POOL, OR WILDCAT <u>Milnesand San Andres</u>
12. COUNTY OR PARISH <u>Roosevelt</u>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>29-8-35 NMPM</u>
13. STATE <u>NM</u>		

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*

Returned well to injection by acidizing perfs 4296' - 4700' with 2000 gal 15% NE acid. Well was shut-in 3/22/74. Well returned to injection 4/29/77.

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

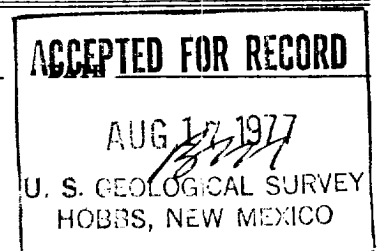
SIGNED Ray W. Cox TITLE Administrative Assistant DATE 8/16/77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

03 4- USGS - H.
1- Div.
1- Susp.
1- RC

*See Instructions on Reverse Side



RECEIVED

DEC 26 1977

OIL CONSERVATION COMM.
HOBBS, N. M.