

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"/> INJECTION WELL		5. LEASE DESIGNATION AND SERIAL NO. NM-0145685	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. DRAWER A, LEVELLAND, TEXAS 79336		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 990' FSL x 330' FWL SEC. 29 (UNIT M, SW/4 SW/4)		8. FARM OR LEASE NAME HORTON FEDERAL	
14. PERMIT NO.		9. WELL NO. 31	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4222' RDB		10. FIELD AND POOL, OR WILDCAT MILNE SAND SAN ANDRES	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-8-35 NMPM	
		12. COUNTY OR PARISH ROOSEVELT	
		13. STATE N.M.	

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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)

Well has been shut-in since 3/22/74. Propose to return well to active injection status and acidize perforations 4296'-4700' w/ 2000 gals 15% NE acid to increase injectivity.

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

SIGNED Roy W. Cox
(This space for Federal or State office use)

TITLE Administrative Assistant

DATE 4-7-77

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

42-4565-H
1-Div.
1-SubP
1-RC

*See Instructions on Reverse Side

RECEIVED
APR 8 1977
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

APPROVED
DATE APR 8 1977
BERNARD MOROZ
ACTING DISTRICT ENGINEER

APPROVED

RECEIVED

APR 12 1977

OIL CONSERVATION COMM.
HOSES, N. M.