

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISSION  
SUBMIT IN TRIPLICATE  
Artesia, NM 88210

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-0145685           |  |
| 2. NAME OF OPERATOR<br>AMOCO PRODUCTION COMPANY   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                        |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 68, Hobbs, NM 88240   |  | 7. UNIT AGREEMENT NAME                                      |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below)<br>At surface<br>2280' FSL X 865' FEL (Unit I NE/4,SE/4) |  | 8. FARM OR LEASE NAME<br>Horton Federal                     |  |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>34   |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4211.8' GL  |  | 10. FIELD AND POOL, OR WILDCAT<br>Milnesand, San Andres     |  |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>30-8-35 |  |
|   |  | 12. COUNTY OR PARISH<br>Roosevelt                           |  |
|   |  | 13. STATE<br>NM   |  |

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

NOTICE OF INTENTION TO:

|  |   |
|--|---|
| 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 type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |   |

SUBSEQUENT REPORT OF:

|   |  |
|---|--|
| 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) <input checked="" type="checkbox"/> status update |  |

(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 and 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.)\*

Moved in service unit 1-3-84. Pressure tested casing to 1500 psi for 30 min. Held OK. Ran 4-3/4" bit and casing scrapers. Tagged cement fill at 4700' and washed fill from 4700'-4775'. Circulated hole clean and POH. Perforated 4670'-4706' and 4720'-4748' with 4 JSPF. Ran RBP and set at 4763'. Set packer at 4566' and acidized with 2800 gals 15% LSTNE HCL acid. Flowed well back to tanks and recovered 101 BLW and 31 bbls of new water. Released packer and latched onto RBP and POH. Ran seating nipple and tubing. Seating nipple landed at 4751'. Ran rods and pump. Moved out service unit 1-10-84. Preparing to pump test.

O+6-BLM, R 1-R. E. Ogden, HOU Rm. 21.150 1-F. J. Nash, HOU Rm. 4.206 1-CMH

RECEIVED  
JAN 16 9 14 AM '84  
BUREAU OF LAND MANAGEMENT  
ROOSEVELT COUNTY, NM

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

SIGNED Charles M. Hervey TITLE Administrative Analyst DATE 1-11-84

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE  DATE

MAY 16 1984

\*See Instructions on Reverse Side

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RECEIVED  
RECEIVED BY  
MAY 21 1984  
MAY 17 1984  
O.H.G. O.C.D.  
POSTS OFFICE  
ARTESIA, OFFICE