				Form approved.	04 0125
Form 3160-5 November 1983)	STAT حال UNIT	TES NAUBHIT AND	RIPLIC.	Budget Bureau No. 10 Expires August 31, 19 Trabe designation and se	85
Formerly 9-331)	DEPARTMENT OF THE	INTERIOR TELES	5		BIAL NO.
	BUREAU OF LAND MAI	NAGEMENT OF CAC	77	NM-0145685	
	DRY NOTICES AND RE	pen or plug back to a different res		. IF INDIAN, ALLOTTEE OR TR	IBE NAME
OIL Y GAS				7. UNIT AGREEMENT NAME	
WELL A WELL OTHER 2. NAME OF OPERATOR				S. FARM OR LEASE NAME	
Amoco Production Company				Horton Federal	
3. ADDRESS OF OPERATOR				9. WELL NO.	
P. O. Box 68, Hobbs, NM 88240				34	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface				Milnesand San Andres	
228	30' FSL X 865' FEL (Un	it I, NE/4, SE/4)	1	1. SEC., T., B., M., OR BLK. AND SURVEY OR AREA	D
14. PERMIT 80.	15. ELEVATIONS (Sh	ow whether DF, RT, GR, etc.)		30-8-35 2. COUNTY OR PARISH 13. 8	TATE
		11.8' GL	ļ		MM
16.	Check Appropriate Box To	Indicate Nature of Notice, I	Report, or Oth	er Data	
	NOTICE OF INTENTION TO:		BUBSZQUEN	r report of:	
TEST WATER SHCT-O FRACTURE TREAT BHOOT OF ACIDIZE REPAIR WELL	PULL OR ALTER CASIN MULTIPLE COMPLETE ABANDON® CHANGE PLANS	FRACTURE TRE SHOOTING OR (Other) (NOTE:	ACIDIZING COMpletion Report results of	multiple completion on Wel	X
(Other)	R COMPLETED OPERATIONS (Clearly sta			on Report and Log form.)	
		,			
0+5-BL.M, F	R 1-R.E.Ogden,Hou	1-F.J.Nash,Hou	1-CLF	43	o de companse.
				e e e e e e e e e e e e e e e e e e e	
				E V	
1s. / hereby certify that	the foregoing is true and correct				
SIGNED Cath	ry L. Jarman	TITLE Asst. Admin. Ar	nalyst	DATE 2-10-84	
This space for Fede	ral or State office use) ACCEPTED FOR RECORD				
APPROVED BY	PROPETER W. CHESTER	TITLE		DATE	
CONDITIONS OF A	FEB 17 1984	i i			
•	*500	Instructions on Reverse Side			

*See Instructions on Reverse Side