

November 1983)

UNIT STATES

SUBMIT IN TRIPLI  
Other instructions on re

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

RECEIVED BY

DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBSURY 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.)

O. C. D.

OIL  
WELL ARTESIAN OFFICE

Injection Well

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

P.O. BOX 68 HOBBS, NEW MEXICO 88240

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

1658' FNL x 794' FWL

(UNIT E, SW 1/4, NW 1/4)

14. PERMIT NO.

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

3081.7' GR

5. LEASE DESIGNATION AND SERIAL NO.

NM-0415688-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Old Indian Draw Unit

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Indian Draw Delaware

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

18-22-28

12. COUNTY OR PARISH

Eddy

Nm

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

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.)

MI coil tbg unit 7-2-85 and installed 5000 psi tree. Ran 1" coil tbg to 3200' down 2 3/8" tbg. Pumped 10 bbl 2% KCL FW and broke circ. Acidized w/ 1500 gal 7 1/2% HCL acid w/ add. Flushed w/ 12 bbl 2% KCL FW. Pulled coil tbg to 2500' and SI for 2 hrs. Lowered coil tbg to 3160' and pumped N2 at 400 SCF/min and broke circ immediately. Lowered tbg to 3250'. Pumped 34,000 SCF N2 and stopped pump when well blew dry. POH w/ coil tbg and installed Well head. Returned well to injection, MOSL 7-2-85. Performed ing testing through 7-9-85 and finalized W.O. 7-10-85.

IPWO: 171 BWIPD at 391 PSI

IAWO: 299 BWIPD at 376 PSI

0 + 5 BLM, 1 - JRB, 1 - FJN, 1 - NLG, 1 - NMOC-A

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

SIGNED

TITLE Administrative Analyst

DATE 13 July 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JUL 18 1985

\*See Instructions on Reverse Side