

UNITED STATES OPERATIONS COPY
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection Well	5. LEASE DESIGNATION AND SERIAL NO. NM-0415688-A
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240	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 1658' FNL X 794' FWL (Unit E, SW/4 NW/4)	8. FARM OR LEASE NAME Old Indian Draw Unit
14. PERMIT NO.	9. WELL NO. 12
15. ELEVATIONS (Show whether DT, RT, GR, etc.) 3081.7' GR	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
	13. STATE NM

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 checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input 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.)

* Verbal approval was granted 6-21-85, by Pitske of the BLM-C and Williams of the NMOC-A, to acidize the subject well as follows: MI 1" OD coil tbg unit and pump trucks. Run down 2 3/8" tbg w/ coil tbg and land at 3200'. Pump down coil tbg 1500 gals 7 1/2% HCL acid at 1/2 BPM and max prs of 3500 psi. While acidizing move coil tbg between perfs 3168'-3239'. Flush acid w/ 5 bbls 2% KCL fresh and SI well for 2 hrs. after pulling coil tbg 500' into 2 3/8" tbg. Lower coil tbg to 3160' and start pumping N2 at 200-400 SCF/min. Flow well back through 2 3/8"-1" tubing annulus while pumping N2. Once circ. is est, lower coil tbg to 3250' and pump approx 30,000 SCF N2. Obtain samples of returns and stop pumping N2 once returns are clean. Once N2 is pumped and well quits flowing,

045-BLM-C, 1-JRB, 1-FJN, 1-NLG, 1-NMOC-A

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

SIGNED Charles L. Lohr

TITLE Administrative Analyst

DATE 22 June 1985

(This space for Federal or State office use)

APPROVED BY Charles L. Lohr
CONDITIONS OF APPROVAL, IF ANY:

TITLE

AREA MANAGER
CARLSBAD RESOURCE AREA

DATE 7-2-85

Subject to
Like Approval
by State

*See Instructions on Reverse Side

Polt w/ coil tbg. Flow well back into tank and measure volume. Return well to injection and MO coil tbg unit and pump trucks. Limiting rate to 300 BWIPD and prs to 400 PSI.