

NMOCC COPY  
UNIT STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Copy to SF  
Form approved  
Budget Bureau No. 42 R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-0415461

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug holes in a reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐ APR 25 1977

2. NAME OF OPERATOR  
AMOCO PRODUCTION COMPANY ✓ O. C. C.

3. ADDRESS OF OPERATOR  
P.O. DRAWER A, LEVELLAND, TEXAS 79336 ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1986' FSL X 1833' FWL SEC 19 (UNIT K NE/4 SW/4)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3062.4 GR

7. UNIT AGREEMENT NAME  
OLD INDIAN DRAW UNIT

8. FARM OR LEASE NAME  
OLD INDIAN DRAW UNIT  
FEDERAL

9. WELL NO.  
20

10. FIELD AND POOL, OR WILDCAT  
INDIAN DRAW DELAWARE

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
19-22-28 NMPM

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"/>
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"/>	

WATER SHUT-OFF <input checked="" 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 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.)\*

OC 4-12-77. L & O DRILLING CO. SPUDDED 12 1/4" HOLE AT 4:00 PM 4-18-77. DRILLED TO TD OF 444' AND RAN 8 5/8" CASING AND SET AT 444'. CMT WITH 300 SX INCOR + 2% CACL. PLUG DOWN AT 3:15 AM 4-19-77. CIRC 20 SX. WOC 24 HRS. TEST CASING WITH 1475# FOR 30 MIN. TEST OK.  
REDUCE HOLE TO 7 7/8" AND RESUME DRILLING.

RECEIVED

APR 21 1977

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*Allen V. Hendley*

TITLE SENIOR STAFF ASSISTANT

DATE 4-20-77

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

of 4 - USGS - ART

1 - DIV

1 - SUSP

1 - RC

1 - MARATHON

APR 22 1977

*[Signature]*  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side