

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

457

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  GAS WELL  OTHER

2. NAME OF OPERATOR  
Amoco Production Company

3. ADDRESS OF OPERATOR  
P. O. Box 68 Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
2323 FSL x 796 FWL  
(Unit L, NW/4, SW/4)

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.  
22

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3086' GL 3087.9

RECEIVED BY  
NOV 24 1986  
O.C.D.  
ARTESIA, OFFICE

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOT OR ACIDIZE <input 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.)\*

MI&RUSU 10-20-86. Pull rods pump and tubing. RIH w/pinpoint packer acidize with total of 600 gal. 7-1/2% HCL acid in 6 equal stages. Max pressure 2800 psi. Min pressure 1620 psi. Release packer and POH. RIH w/treating packer and set at 3038'. Frac down tubing w/total 5000 gal 2% gelled and crosslinked w/10,000# 12/20 Ottawa sand. Max pressure 1260 psi. Min. pressure 1040 psi. AIR 12 BPM. Initial shut-in pressure 530 psi. 15 min 0 psi. Release packer and POH. RIH seating nipple and tubing and land seating nipple at 3265. Swab to assure no sand returns. Run pumps and rods and return well to prod. Install larger lift 320 unit. Return well to production. RD MOSU

PPWO: 73 BOPD x 3 BWPD x 0 MCFD  
PAWO: 118 BOPD x 138 BWPD x 0 MCFD

ACCEPTED FOR RECORD

*Geo Q*

NOV 19 1986

CARLSBAD, NEW MEXICO



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

SIGNED Steve Brownlee TITLE Admin. Analyst DATE 11-18-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side