

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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SEP 22 1992

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

15F

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

NM-0415688-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SUBMIT IN TRIPLICATE

8. Well Name and No.

Old Indian Draw Unit #6

9. API Well No.

30-015-21619

10. Field and Pool, or Exploratory Area

Indian Draw-Delaware

11. County or Parish, State

Eddy, NM

1. Type of Well

Oil Well Gas Well Other Water Injector

2. Name of Operator

Amoco Production Company (Pm. 16.108)

3. Address and Telephone No.

P.O. Box 3092 Houston, TX 77253 (713-584-7213)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

2002' FSL X 1721' FWL Unit K NE/4, SW/4
Sec. 18, T-22-S, R-28-E

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Replace Bad Tubing
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

13. 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.)*

MIRUSU X POH X TBG X PKR X FOUND 3 JTS X HOLE X PRS TST
TBG BACK IN HOLE X REPLACED BAD JOINTS X PKR SA 3108'
X TST X 500 PSI X OK X RETURN TO INJECTION X
RDMOSU 10-12-91

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

Signed H. J. Beun

Title Stt. Admin. Analyst

Date 9-17-92

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See instruction on Reverse Side

