45F

N. M. OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved.
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.)

RECEIVED
APR 10 '89
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.: NM-059077

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL ☐ GAS WELL ☒ OTHER

7. UNIT AGREEMENT NAME:

2. NAME OF OPERATOR: Amoco Production Company

8. FARM OR LEASE NAME: HDC Federal Gas Com

3. ADDRESS OF OPERATOR: P.O. Box 3092 Houston, TX 77253

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Unit F, Sec 13, T-22-S, R-23-E
1650' FN&WL (SJS)

10. FIELD AND POOL, OR WILDCAT: Indian Basin Upper Penn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 13-22S-23E

14. PERMIT NO.:

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4054' RDB, 4040' GL

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:

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	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other)			

(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.)*

Propose to acidize to increase production

1. Move in and Rig up approx. 4-10-89. Pressure test backside to 500 PSI.
2. If well will not hold pressure determine if tubing or packer is leaking and replace as necessary.
3. Acidize with 4000 gals 28% NEFE HCL. Flush with tubing volume plus 25 bbls 2% KCl water.
4. Swab back to recover load.
5. Return to production.

RECEIVED
MAR 30 11 59 AM '89

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

SIGNED Amelia Hartman TITLE Asst. Admin. Analyst DATE 3-28-89

(This space for Federal or State office use)

APPROVED BY ______ TITLE ______ DATE 4-6-89

CONDITIONS OF APPROVAL, IF ANY: