

435

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DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

Artesia, N.M.

**JUL 3 1985**  
**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. **O.C.D.**

**OIL ARTESIA, OFFICE**

OTHER **Injection Well**

2. NAME OF OPERATOR

**AMOCO PRODUCTION COMPANY**

3. ADDRESS OF OPERATOR

**P.O. BOX 68 HOBBS, NEW MEXICO 88240**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

**660' FSL X 1980' FEL**  
**(Unit 8, SW 1/4 SE 1/4)**

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

**3090' RDB**

5. LEASE DESIGNATION AND SERIAL NO.

**NM-0415688A**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

**Old Indian Draw Unit**

9. WELL NO.

**2**

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:

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.)\*

\* Verbal approval was granted 6-21-85, by Pitske of the BLM-C and Williams of the NMOC-D, to acidize the subged well as follows. MI 1" OD coil tag unit and pump trucks. Run down 2 3/8" tag w/ coil tag and LA 3240'. Pump down coil tag w/ 1500 gal 7 1/2% HCL acid w/ add. while acidizing move coil tag between perfs 3215'-3287'. Overflush acid w/ 5 bbls 2% KCL FW and SI for 2 hrs, after pulling coil tag 500' into 2 3/8" tag. Lower coil tag to 3210' and start pumping N2 at 200-400 SCF / minute. Flow well back through 2 3/8"-1" tag annulus while pumping N2. Once circulation is established lower coil tag to 3245' 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, POH w/ coil tag. Flow well back into tank and measure volume.

**0+5 BLM-C, 1-JRB, 1-FSN, 1-NLGA, 1-NMOC-D-A**

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

SIGNED

*W. H. Kater*

TITLE **Administrative Analyst**

DATE **23 June 1985**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

**7-2-85**

CONDITIONS OF APPROVAL, IF ANY:

**Subject to  
Like Approval**

**\*See Instructions on Reverse Side**

Return well to injection and MO coil tag unit and pump trucks. Limit injection rate and prs to 300 BWIPD and 400 PSI.