

RECEIVED BY
formerly 9-331)
JUL 19 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.)
1. ARTESIA, OFFICE

DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS
Use "APPLICATION FOR PERMIT" for such proposals.)

Expires August 31, 1985
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-ZB
12. COUNTY OR PARISH
Edly
13. STATE
NM

1. OIL WELL ☐ GAS WELL ☐ 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 0, SW 1/4, SE 1/4)
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3090' RDB

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"/> | WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | FRACTURE TREATMENT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | SHOOTING OR ACIDIZING | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | (Other) | <input type="checkbox"/> |
| (Other) | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | |
| CHANGE PLANS | <input type="checkbox"/> | | |

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 coil tbg unit 7-1-85 and ran 1" coil tbg down 2 3/8" tbg to 3240'. Pumped 32 bbl 2% KCL FW and broke circ. Acidized w/ 1500 gal 7 1/2% HCL acid w/ add. Flushed w/ 12... bbl 2% KCL FW. Pulled coil tbg to 2620' and SI for 2 hrs. Lowered coil tbg to 3210'. Pumped N2 at 300-400 scf/min and broke circ. Lowered coil tbg to 3295'. Pumped 35,100 scf N2 until well blew dry. ROH w/ coil tbg, installed well head and returned to injection. Performed ing test through 7-9-85 and finished W.O. 7-10-85.
IPWO: 90 BWIPD at 400 psi
IAWO: 291 BWIPD at 300 psi

0 + 5 BLM, 1 - JRB, 1 - FJN, 1 - NLG, 1 - NMOC-A
18. I hereby certify that the foregoing is true and correct
SIGNED Wm L. Guter TITLE Administrative Analyst DATE 13 July 1985
(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUL 18 1985 *See Instructions on Reverse Side