

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CONS. COMMISS.
SUBMIT IN TRIPLICATE
Drawings (Other instructions on
reverse side)
88210

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Injection Well</i>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		8. FARM OR LEASE NAME <i>Old Indian Draw Unit</i>	
3. ADDRESS OF OPERATOR P. O. BOX 68 HOBBS, NEW MEXICO 88240		9. WELL NO. <i>2</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>660' FSL x 1980' FEL Section 18 (Unit Letter & SW/4 SE/4)</i>		10. FIELD AND POOL, OR WILDCAT <i>Indian Draw Delaware</i>	
14. PERMIT NO. <i>3001521391</i>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>18-22-28</i>	
15. ELEVATIONS (Show whether DF, RT, GR) <i>3090' RDB</i>		12. COUNTY OR PARISH <i>Eddy</i>	
13. STATE <i>New Mexico</i>			
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:			
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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" 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.)*			

On 5-5-86 pumped 1000 gallons 7 1/2% HCL acid x 165 gallons foaming A-sol with additives x 32000 SCF N2 down 1" coil tubing x wash tool and washed across perms from 3185'-3317'. Flushed acid x 6 bbls fresh water. Flowed well to tanks to recover load. Returned well to injection status 5-6-86.

Injection Prior to Workover: 150 BWPD x 590 PSI

Injection After Workover: 283 BWPD x 568 PSI

0+5 BLM-CARLSBAD 1-J.R.BARNETT HOU RM. 21.156 1-F.J.NASH HOU RM. 4.206 1-BAO

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

SIGNED *Beverly A. Ottwell* TITLE SENIOR ADMINISTRATIVE ANALYST DATE *5-9-86*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

MAY 13 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO