

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
OIL CONS. COMMISSION  
SUBMIT IN TRI  
(Other instruction  
verse side  
Artesia, NM 88210

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0415688A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

C/SF

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

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water injection

2. NAME OF OPERATOR  
Amoco Production Company

3. ADDRESS OF OPERATOR  
P. O. Box 68 Hobbs, NM 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/4, SE/4)

RECEIVED BY

JAN -9 1987

O. C. D.

ARTESIA OFFICE

14. PERMIT NO.

3001521391

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

3079 GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

MIRU-SU 12-16-86. RIH 1" coil tbg to 3240 ft. Acidize w/1500 gals 7-1/2% HCl plus additives. AIR 1/2 BPM. Max TP 3710#. Avg TP 3625#. Shut in well for 2 hrs and pump 40,000 SCF N<sub>2</sub>. Circulate well until returns cleaned up. POH 1" coil tbg. RD MOSU. Return well to injection.

IPWO: 147 BWIPD at 460#  
IAWO: 271 BWIPD at 465#

ACCEPTED FOR RECORD

JAN 07 1987

CARLSBAD, NEW MEXICO



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

SIGNED Steve Brownlee TITLE Admin. Analyst

DATE 12-22-86

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side