

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
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

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"/> Water injection | RECEIVED BY JAN -9 1987 O. C. D. ARTESIA OFFICE | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Amoco Production Company | | 8. FARM OR LEASE NAME Old Indian Draw Unit |
| 3. ADDRESS OF OPERATOR P. O. Box 68 Hobbs, NM 88240 | | 9. WELL NO. 2 |
| 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) | | 10. FIELD AND POOL, OR WILDCAT Indian Draw Delaware |
| 14. PERMIT NO. 3001521391 | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3079 GL | 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: | | SUBSEQUENT REPORT OF: | |
|--|---|---|--|
| 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 COMPLETION <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.)*

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 N₂. 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

Jm
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 _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side