

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRI  
(Other instructio  
verse side)Form approved  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0415461

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

OLD INDIAN DRAW UNIT FED

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

INDIAN DRAW-DEL

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

19-22-28 NMPM

12. COUNTY OR PARISH

EDDY

13. STATE

N.M.

## 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> <b>DRILLING</b>  | RECEIVED  |
| 2. NAME OF OPERATOR<br>AMOCO PRODUCTION COMPANY. ✓  | JUN 3 1975  |
| 3. ADDRESS OF OPERATOR<br>BOX 367, ANDREWS, TEXAS 79714   | O. C. C.  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface<br><b>660' FNlx 1980' FEL Sec. 19 (Unit B, NW 1/4 NE 1/4)</b> | INDIANA; OFFICE   |
| 14. PERMIT NO.  | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>3074' GL</b> |
| 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 COMPLETE

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.)\*

On 5-14-75 5 1/2" OD 14-15.5# J-55 & K-55 Casing was set at 3443' (TD-3450') w/ 1080Sx Cement. Circ. 75Sx. Tested casing w/ 1650 psi. WOC appx. 48 hours and perf. 1st csg OK. Perf interval 3298-3318' w/ 2 SSPF & acid w/ 2000 gal 15%. Swt totg.

On PT. pump 86 Box 39 BW - O GAS (TSTM) 24 Hrs.

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

SIGNED

(This space for Federal or State office use)

TITLE

ADMINISTRATIVE ASSISTANT

DATE

5-28-75

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

6-4-USGS-ART  
1-DIV  
1-SUSP  
1-RAY  
2-PERRY BUS

\*See Instructions on Reverse Side