

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. O. C. C. COPY TO
SUBMIT IN TRI-STATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-041546
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NM 0415461
3. ADDRESS OF OPERATOR P.O. DRAWER A, LEVELLAND, TEXAS 79336		7. UNIT AGREEMENT NAME OLD INDIAN DRAW
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL x 1980' FEL SEC 19 (UNIT 8, NW 1/4 NE 1/4)		8. FARM OR LEASE NAME OLD INDIAN DRAW Unit 8
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. 3
		10. FIELD AND POOL, OR WILDCAT INDIAN DRAW-DELAWARE
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-22-28 NMPM
		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:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)*

In an effort to increase production acidized perfs
3298-3318' with 2000 gals BDA and return to
production and evaluate.

Prod prior to WO - 22 BO x 22 BW x Gas TSTM.
Prod after WO - 38 BO x 42 BW x Gas TSTM.

RECEIVED

JUN 3 1976

O. C. C.
ARTESIA, OFFICE

RECEIVED

JUN - 1 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

TD - 3450
PBD - 3414

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

SIGNED

Ray W. Cox

TITLE **Administrative Assistant**

DATE **5/28/76**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

0; 3-USGS-ART
1-DIV
1-SUSP
1-RC
2-BASS

*See Instructions on Reverse Side