

Form 1004-0135
November 1984
RECEIVED BY
Formerly 9-331)
JUL 24 1985
ARTESIA, OFFICE

U S STATES NM OIL CONS COMMS
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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

45F

SUNDRY NOTICES AND REPORTS ON WELLS

Use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.
NM -0415461
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Old Indian Draw Unit
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
12. COUNTY OR PARISH
Eddy
13. STATE
NM

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

P.O. BOX 68 HOBBS, NEW MEXICO 88240

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
(UNIT B, NW 1/4, NE 1/4)

14. PERMIT NO.

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

3073.7' 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.)*

MISU 7-1-85 and POH w/ production equipment. RIH w/ pkr, SN and 2 3/8" tbg. Set pkr at 3276'. Acidized perms 3298'-3318' w/ 1500 gal 7 1/2% HCL acid w/ add. Flushed w/ 25 bbl 2% KCL FW. Well took fluid on vac. Rel pkr and POH w/ tbg and pkr. RIH w/ SN and 2-3/8" tbg. Ran pump and rods. Prs tested pump to 500 psi - OK. MDSU 7-2-85 and began pump testing well. 7-3-85. Finaled W.D. 7-14-85

PPWO: 5 BOPD x 39 BWPD x 0 MCFD

PAWO: 7 BOPD x 52 BWPD x 0 MCFD

JUL 20 1985

0 + 5 BLM-C, 1 - JRB, 1 - FJN, 1 - NLG,

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

SIGNED

New L. Jator

TITLE Administrative Analyst

DATE 18 July 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 22 1985

*See Instructions on Reverse Side