

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
Artesia, N.M.

SUBMIT IN TRIP  
(Other instruction,  
verse side)

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

45F

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"/>		<div>RECEIVED BY JAN -9 1987 O. C. D. ARTESIA, OFFICE</div>		5. LEASE DESIGNATION AND SERIAL NO. NM-0415461	
2. NAME OF OPERATOR Amoco Production Company				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 68 Hobbs, NM 88240				7. UNIT AGREEMENT NAME	
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/4, NE/4)				8. FARM OR LEASE NAME Indian Draw Unit	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) -3074 GL		9. WELL NO. 3	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data				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	

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 COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" 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.)\*

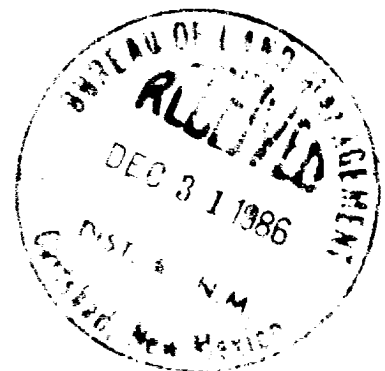
MI-RUSU 12-15-86. POH w/rods and pump and tbq. RIH and plug back well from 3414 to 3290 w/sand and cap w/10 ft Cal-seal. RIH w/pinpoint packer and acidize w/a total of 400 gals of 7-1/2% HCl acid in 4 equal stages. Max pressure 3050#. POH. RIH w/treating packer and set at 3150. Frac down tubing a total of 5000 gals of gelled crosslinked 2% KCl water, 10,000# of 12/20 Ottawa sand. Clean out sand and Cal-seal to 3414. RIH w/notched collar, seating nipple 2-3/8 tbq. Seating nipple at 3327'. Swab well until clean. RIH w/pump and rods. RD-MOSU 12-19-86.

PPWO: 7 BOPD 59 BWPD 0 MCFD  
PAWO: 7 BOPD 61 BWPD 0 MCFD

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 12-29-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side