

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. O. C. C. Copy  
SUBMIT IN TRII  
(Other instruction  
verse side)

ATE\*  
n re

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0415688-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

OK INDIAN DRAW UNIT

8. FARM OR LEASE NAME

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

INDIAN DRAW-DELAWARE

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

18-22-28 NMPM

12. COUNTY OR PARISH

EDDY

13. STATE

N.M.

1.

OIL  
WELL

☐

GAS  
WELL

☐

OTHER

DRILLING

2.

NAME OF OPERATOR

BOX 367, ANDREWS, TEXAS 79714 AMOCO PRODUCTION COMPANY

3.

ADDRESS OF OPERATOR

BOX 367, ANDREWS, TEXAS 79714

4.

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface

1980 FSL x 660 FEL Sec. 18 (Unit I, NE 1/4 SE 1/4)

14. PERMIT NO.

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

3083' DF.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT C<sup>+</sup> ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

Hondo Drilg Co spudded 12 1/4" hole 12: Noon 5-15-75.  
and set 8 5/8" OD 29.35" casing @ 380' w/ 380 Sx.  
Cement circulated. WOC 18 hours, tested  
casing w/ 600 psi for 30 min. Test O.K.  
Reduced hole to 7 7/8" @ 380' and resumed drilling.

RECEIVED

MAY 22 1975

O. C. C.  
ARTESIA, OFFICE

RECEIVED  
MAY 20 1975

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*Roy R. Yoakum*

TITLE

ADMINISTRATIVE ASSISTANT

DATE

MAY 19 1975

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

04- USGS- ART

1- DIV

1- SUSP

1- RRY

0- DEBBY ROSE

\*See Instructions on Reverse Side