

N. M. O. C. C. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>DRILLING</b>	7. UNIT AGREEMENT NAME <b>OLD INDIAN DRAW UNIT E</b>
2. NAME OF OPERATOR <b>AMOCO PRODUCTION COMPANY. ✓</b>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <b>BOX 357, ANDREWS, TEXAS 79714</b>	9. WELL NO. <b>4</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1980' FSL x 660' FEL Sec. 18 (Unit I, NE 1/4 SE 1/4)</b>	10. FIELD AND POOL, OR WILDCAT <b>INDIAN DRAW-DELAWARE</b>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3083' DF</b>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>18-22-28 NMPM</b>	12. COUNTY OR PARISH <b>EDDY</b>
	13. STATE <b>NM</b>

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JUL 3 1975

O. C. C.  
ARTESIA, OFFICE

## 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 type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

## SUBSEQUENT REPORT OF:

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

On 5-24-75, 5 1/2" O D 14-15.5# J&K-55 Casing was set @  
3463' w/ 320 Sx. TLW + 7# ST + 3% D31 + 380 Sx. Class C.  
Circ. 185 Sx. Test Log w/ 1400 psi for 30 min.  
Test O.K. After N.O.C. appx 72 hrs.  
perf 3316-26' w/ 2JSPF. Acd w/ 1500 gal B10 acid.  
Evaluating

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U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*Lay R. Yorkum*

TITLE ADMINISTRATIVE ASSISTANT

DATE JUN 30 1975

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

4-4- USGS- Art  
1-Dir  
1-Susp  
1-RB  
2-P Base  
1-MarathonJUL 2 1975  
M. L. BEEKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side