

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

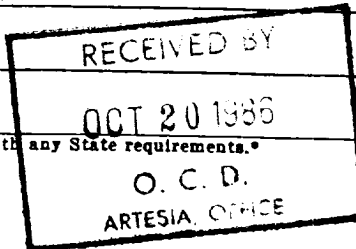
SUBMIT IN T.
(Other instructions on reverse side)

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

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 - Water Injection	5. LEASE DESIGNATION AND SERIAL NO. NM-0415688-A
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 1980 FSL x 660 FEL (Unit I, NE/4, SE/4)	8. FARM OR LEASE NAME Old Indian Draw Unit
14. PERMIT NO.	9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3361' GR 3082.6	10. FIELD AND POOL, OR WILDCAT Indian Draw Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18-22-28
	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 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.)*

MIRU - Nowsco Coil Tubing Unit. RIH w/1" Coil tubing to 3360'. Acidize w/1500 gallons 7-1/2% HCL & additive. Air 1/2 BPM. Flush acid w/5 bbls 2% KCL fresh water. Shut-in well for 2 hours. Pump 75,000 SCF N₂ & circulate well for 2 hours. POH w/1" Coil tubing. RDMO - coil tubing unit. Commenced injection operations.

IPWO: 24 BWIPD at 400 psi.
IAWO: 50 BWIPD at 389 psi.

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

SIGNED Steve Brownlee TITLE ADMINISTRATIVE ANALYST DATE 10-7-86

(This space for Federal or State office use)

APPROVED BY Steve Brownlee TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
OCT 16 1986
NEW MEXICO

*See Instructions on Reverse Side