	UN D STATE	NUERIOR	AUBMIT IN TRIPLIC MDDer COMMISSI Verse side) NM 88210	TE Bud Expi 5. LEASE NM-0	n approved. get Bureau No. 1 ires August 31, 1 DESIGNATION AND 4 415688-A	1985 IBRIAL NO. 45	
	NOTICES AND REPC				AN, ALLOTTEE OF T	BIBE HAME	
Amoco Production Con Amoco Production Con		on	OCT 05 '87	8. PARM C	Indian Draw	u Unit	
P. O. Box 4072, Odessa, TX 79760 4. LOCATION OF WELL (Report location clearly and in accordance with a			O. C. D. ARTESIA, OFFICE	4	_		
See also space 17 below.) At surface 1980' FSL x 660' FEL (Unit I, NE/4, SE/4)		whether be per of		11. SPC., : 505 18-2	an Draw Del T. R. M. OR RER. AN 1997 OR AREA 22-28		
	308 6 ' GL ✓			Eddy		NM	
	k Appropriate Box To Ind	dicate Nature		•			
ROTICE OF TEST WATER SHUT-OFF PRACTURE TREAT AHOOT OR ACIDIZE REPAIR WELL- (Other)	INTENTION TO : PULL OB ALTER CASING MULTIPLE COMPLETE ABANDON® CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDISIN (Other)	16 X	REPAIRING WELL ALTERING CASING ABANDONMENT [®]		
Run 1" tubin water. Pick HCl. Pick u Pick up to 3 and lower to MO coil tubi	bil tubing unit to ng to 3360' and cir k up tubing to 3350 up tubing to 3300' 3260' and acidize w o 3360'. Displace ing unit and return WO: 115 BWIPD at AWO: 285 BWIPD at	rculate ho O' and ac and acid with 500 g hole with n to injeo 390 psi	injection by ole with 50 bb idize with 100 ize with 1500 gallons of 20% n 45,000 SCF o	acid stimul acid stimul 1 2% KCl fr 0 gallons o gallons of HCl. Flus	esh f 20% 20% HCl. h tubing	RECEIVE	
18. I hereby certify that the forego SIGNED	0	rLeSr.	Admin. Analys	it DAT	9-21-87		
(This space for Federal or Stat APPROVED BY CONDITIONS OF APPROVAL,	TI1	"LE		DA1	······		

*See	Instructions	on	Reverse	Side
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