

**N. M. O. C. C. COPY**  
**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

SUBMIT IN TR  
(Other instructi  
verse side)

DATE\*  
on re-

*Copy 6 SF*  
Form approved  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**NM-0415688-0**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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 ☒ GAS ☐ OTHER ☐  
WELL WELL

**RECEIVED**

2. NAME OF OPERATOR

**AMOCO PRODUCTION COMPANY**

**OCT 2 1975**

3. ADDRESS OF OPERATOR

**BOX 367, ANDREWS, TEXAS 79714**

**O. C. C.**

4. LOCATION OF WELL (Report location clearly and in accordance with any State or Federal Office  
See also space 17 below.)  
At surface

**1980' ENL X 1980' FEL Sec. 18 (Unit G, SW 1/4 NE 1/4)**

7. UNIT AGREEMENT NAME

**OLD INDIAN DRAW UNIT**

8. FARM OR LEASE NAME

**"**

9. WELL NO.

**5**

10. FIELD AND POOL, OR WILDCAT

**INDIAN DRAW - DEL**

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

**18-22-28 NMPDM**

12. COUNTY OR PARISH

**EDDY**

13. STATE

**N.M.**

14. PERMIT NO.

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

**3081 GL**

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) **Completion Operations**

(Note: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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 9-2-75 5 1/2" OD 15.5# K-55 Casing was set @ 3452' (TD) w/**

**650 Sx. TLW + 7" St + .3% D-31 Plus 350 Sx C.C. " w/ .3% D-31.**

**WOC 22 Hr. Test Cq w/ 1600 psi for 30 min. Test O.K.**

**WOC app 4 1/4 hrs. Perf 3278-95 w/ 2JSPF. Acid w/ 3000 gal 15% BD. Evaluated**

**PT PMP 90 BD x 57 BW 24 hrs. GAS TSTM.**

**RECEIVED**

**SEP 30 1975**

**U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO**

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

SIGNED

*[Signature]*

TITLE

**ADMINISTRATIVE ASSISTANT**

DATE

**SEP 28 1975**

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONSENT OF APPROVAL, IF ANY:

**04 4- USGS-ART  
+ DIV  
1- 8050  
1- RLY  
2- Perry**

\*See Instructions on Reverse Side