Form 3160-5
November 1983
Formerly 9-331)

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

4/sf

BY

JUN 04 1985

O. C. D.
ARTESIA, OFFICE

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.)

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.: NM-04156B8-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

OIL WELL ☐ GAS WELL ☐ OTHER Injection Well

2. NAME OF OPERATOR: AMOCO PRODUCTION COMPANY

8. FARM OR LEASE NAME: Old Indian Draw Unit

3. ADDRESS OF OPERATOR: P.O. BOX 68 HOBBS, NEW MEXICO 88240

9. WELL NO.: 6

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 2002' FSL X 1721' FWL (Unit K, NE/4, SW/4)

10. FIELD AND POOL, OR WILDCAT: Indian Draw Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 18-22-28

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3088.3' GR

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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
~~SHOOT~~ OR ACIDIZE	X	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			
(Other)				(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.)*

Propose to: Move in 1" OD coil tbg Unit and pump truck. Run down 2-3/8" tbg w/ coil tbg and LA 3220'. Pump down coil tubing w/ 1500 gals 7½% HCL. While acidizing, move coil tbg between perfs 3192'-3256'. Flush w/ 5 bbls 2% KCL fresh and shut well in for 2 hrs. Pull coil tbg to 3170' and start pumping nitrogen at 200 SCF/min. Flow well back through 2 3/8"-1" annulus, while pumping N_2. Once circ is established lower coil tbg to 3220' and pump N_2 for 2 hrs. (Appx 24000 SCF). Once N_2 is pumped and well quits flowing, POH w/ coil tbg. Well will be flowed back into a tanks and the volume measured. Return well to injection with Rate limit of 300 BWIPD and Pressure Limit of 400 psi. MO Coil Unit.

OTS BLM-C, 1-NMOCD-A, 1-JRB, 1-FJN, 1-NLG

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

SIGNED Vicki R Gates TITLE Administrative Analyst DATE 21 May 1985

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 5-31-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to Like Approval by State

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

NM O... Drawer DD Artesia, NM 88210

C/SF

Form 3160-5
November 1983
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

RECEIVED BY
NOV 15 1984
O. C. D.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM-0415688-A

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 WELL ☐ GAS WELL ☐ OTHER Injection Well

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Amoco Production Company ✓

8. FARM OR LEASE NAME
Old Indian Draw Unit

3. ADDRESS OF OPERATOR
P.O. Box 68, Hobbs NM 88240

9. WELL NO.
6

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
2002' FSL X 1721' FWL
(Unit K NE/4, SW/4)

10. FIELD AND POOL, OR WILDCAT
Indian Draw Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
18-22-28

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3088.3' GR

12. COUNTY OR PARISH
Eddy

13. STATE
Co

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Conversion to Injection			☒
(Other)			☐	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

WFX-520

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.)*

MISU 12-27-83 and POH with production equipment perfed 3192'-3206' w/4SPF using a 3 1/8" gun. RIH with pkr and RBP. Acidized 3192'-3256' with 3100 gals 15% NE HCl acid in 2 stages. TIH with production equipment and pump tested apx 26 days. MISU and POH with prod. equip. TIH with PPI pkr and acidized 3253-3195' with 800 gals 15% NE HCl acid. Released PPI pkr and POH. RIH with treating pkr. and tbg. Set pkr at 3139' and fraced down tbg with a total of 10,100 gals 30# 2% KCl and 40000 lbs 12/20 sand. Flushed with 18.1 bbl fluid. Ran after acid survey, released pkr, and POH. Cleaned out to 3363' and POH.

075 BLM, C 1-J.R. Barnett, Hou Rm 1.156 1-F.J. Nash, Hou Rm 4.206 1-GCC

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

SIGNED Gary C. Clark TITLE Asst. Admin. Analyst DATE 11-8-84

(This space for Federal or State office use)

APPROVED BY Gene Q TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: NOV 1 1984

Post ID-3
11-23-84
Conv. to WIW

Carlsbad

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

RIH with plastic coated pkr, tbg, and seating nipple. Set pkr at 3110' and tested to 500 psi, OK. Began injection 9-4-84, tested apox 54 days. Well is currently an active injector.