

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIP
(Other instruction
verse side)

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

45P

RECEIVED BY

BUREAU OF LAND MANAGEMENT

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 ☐
ARTESIA OFFICE ☐

OTHER Injection

2.

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

P.O. BOX 68 HOBBS, NEW MEXICO 88240

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 1/4 SW 1/4)

14. PERMIT NO.

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

3088.3' GR

5. LEASE DESIGNATION AND SERIAL NO.

NM-0415688-A

6. MINERAL, OIL, GAS, OR TRIBE NAME

Drawer DD

Artesia, NM 88210

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Old Indian Draw Unit

9. WELL NO.

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:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☒
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

MI coil tbg unit 6-10-85 and RIH w/ wash tool and 1" coil tbg to 3256'. Pumped 1500 gal 7 1/2% HCL w/ add. Flushed w/ 20 bbl 2% KCL FW. Washed perfs 3192'- 3256'. Max prs = 3000 psi. Lowered coil tbg to 3270 and pumped 30,000 SCF N2 at 450 SCF/min and 1800 psi. Circ 40 bbl to tanks and bled off 20 min. POH w/ coil tbg. MO coil tbg unit and commenced injection. Returned well to inf w/ inf after W.O. = 188 BWPD x 400 psi

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

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

SIGNED W. L. Jeter

TITLE Administrative Analyst

DATE 20 June 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 1 1985

*See Instructions on Reverse Side