

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

SUNDRY NOTICES AND REPORTS ON WELLS

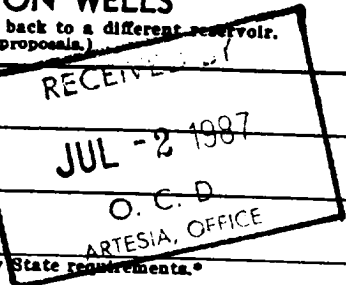
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Water Injection

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
P. O. Box 68, Hobbs, NM 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' FNL Sec. 18
Unit K, NE/4, SW/4



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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

14. PERMIT NO.
3001521619

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

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PCLL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

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SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

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☐

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

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☐
☐
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(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 tubing unit 6-22-87 and 1" tubing to 3308' and displace hole. Pump 2500 gallons 15% HCL and pull up to 2600 and wait 1-1/2 hour. Run to 3260' and pump 45,000 SCF Nitrogen until well cleaned up. MO coil tubing unit and return well to injection.

IPWO: 150 BWPD at 620 psi.
IAWO: 370 BWPD at 620 psi.

ACCEPTED FOR RECORD

JUN 26 1987

SJS

CARLSBAD, NEW MEXICO

RECEIVED
JUN 26 10 41 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED

Don Mitchell
D.M. Mitchell

TITLE

Sr. Admin. Analyst

DATE

6-25-87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side