

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. CATE*
(Other Instructions on Reverse Side)

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

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 ☒ Water Injection

2. NAME OF OPERATOR Amoco Production Company

3. ADDRESS OF OPERATOR P.O. Box 3092 Houston, TX 77253

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
NE 1/4 SW 1/4 Unit K
2002/5 1921/W

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3088.3' ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

91012405

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

Sec 18, T22S, R28E

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

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)

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.)

1. Rig up coil tbg unit & set up a return line using a flow tee.
2. Rih w/coil tbg x wash tool x clean out to TD w/nitrified 2% KCl water until returns are clean.
3. Wash perfs w/ 1000 gals of 15% N.F. acid x circ until clean
4. Move coil tbg. 50' above perfs x close annulus x acid perfs w/ 2000 gals 15% NeFe HCl x flush x shut in for 1/2 hour.
5. Lower coil tbg. below perfs x pump N2 to recover load until returns are clean.
6. Pot w/coil tbg x RDX return to injection

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

SIGNED

Amelia Hartman

TITLE

Asst Admin Analyst

DATE

6-29-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

FOR: TITLE

CHIEF, WELLS & RESOURCES

DATE

7-13-89

*See Instructions on Reverse Side