

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI. DATE\*  
(Other instructions on re-  
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY AUG 08 1984 O. C. D. ARTESIA, OFFICE		5. LEASE DESIGNATION AND SERIAL NO. NM-0415688-A	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, New Mexico 88240				7. UNIT AGREEMENT NAME Old Indian Draw Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2323' FNL X 1974' FWL Section 18 (Unit F, SE/4, NW/4)				8. FARM OR LEASE NAME Old Indian Draw Unit	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3091' RDB		9. WELL NO. 7	
				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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)\*

MISU 6-19-84. Perfed 3240'-3290' with 2 SPF. Frac perfs with 20,000 gals 70 quality foam and 30,000# 20/40 sand. RIH with retrievable bridge plug and packer. Retrievable bridge plug set at 3225'. Packer set at 3007'. Acid with 1000 gals 15% NEFE HCL. RIH with seating nipple and tubing and landed at 3316'. Ran rods and pump and well returned to production.

0+5-BLM, C 1-J. R. Barnett, HOU Rm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-BFC

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

SIGNED Bonita Cable

TITLE Administrative Analyst

DATE 8-3-84

(This space for Federal or State office use)

APPROVED BY SWC

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY

AUG 7 1984

Carlsbad

NEW MEXICO

\*See Instructions on Reverse Side