

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other Instructor
verse side)

ATE
A RE

Form approved.
Budget Bureau No. 42-R1424.

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.)

7. UNIT AGREEMENT NAME

OLD INDIAN DRAW

8. FARM OR LEASE NAME
OLD INDIAN DRAW UNIT

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

INDIAN DRAW-DEL

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

18-22-28 NMPM

12. COUNTY OR PARISH 13. STATE

EDDY

N.M.

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
P.O. DRAWER A, LEVELLAND, TEXAS 79338

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1017' FSL * 1973' FWL SEC. 18 (UNIT N, SE/4 SW/4)

14. PERMIT NO.

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

3078' GL

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)

(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.)

ON 4/27/76 5 1/2" OD 15.5 # K-55 LT+C Casing was set at
3451' w/ 650 sx TLW x 7# ST/sx x 0.3% D-31 followed by 300 sx
Class "C" x 0.3% D-31/sx. Cement did not circulate. Tested casing
w/ 1500 PSI for 30 min. Test OK. After WOC approx. 57
hours, perforated interval 3246 - 3260' x 2 JSPF x
acidized w/ 1500 gals. 15% BDA. Run tbq. x packer.
Evaluated

RECEIVED

JUN 3 1976

O. C. C.
ARTESIA, OFFICE

RECEIVED

MAY 28 1976

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

Ray W. Coy

TITLE

Administrative Assistant

DATE

5-26-76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

044-45GS ART
1- Div.
1- Susp.
1- RC
2- BASS

APPROVED
JUN 10 1976
L. BECKWITH
SUPERVISOR

*See Instructions on Reverse Side