

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructor
reverse side)

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

45F

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 JUN 03 1985 | 5. LEASE DESIGNATION AND SERIAL NO. NM-0415688-A |
| 2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY | O. C. D. ARTESIA, OFFICE | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240 | | 7. UNIT AGREEMENT NAME |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1017' FSL x 1973' FWL (Unit N, SE 1/4, SW 1/4) | | 8. FARM OR LEASE NAME Old Indian Draw Unit Federal |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3078' GR | 9. WELL NO. 8 |
| | | 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 | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | MULTIPLE COMPLETE | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | ABANDON* | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | CHANGE PLANS | <input type="checkbox"/> |
| (Other) | | | |

SUBSEQUENT REPORT OF:

| | | | |
|---------------------------------------|-------------------------------------|-----------------|--------------------------|
| WATER SHUT-OFF | <input type="checkbox"/> | REPAIRING WELL | <input type="checkbox"/> |
| FRACTURE TREATMENT | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT* | <input type="checkbox"/> |
| (Other) <u>Cmt Squeeze and report</u> | <input checked="" 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.)*

MISD and POH w/ prod equipment. RIH w/ cmt ret and set at 3103'.
Squeezed with 200 sx class C neat cmt and rev out 28 sx. RIH w/ bit and DO to 3300'. Tested to 500 psi - OK. Circ hole and POH. RIH w/ WL and perfed 3236'-3254' w/ 4 JSF.
~~RIH w/ PKR and SA 3150'. Acidized w/ 1000 gal NE HCC~~
7 1/2% w/ add. POH w/ tbg and PKR. RIH w/ tbg and SN. Landed at 3294'. RIH w/ pump and rods. Pump LA 3294'. tested to 1000 psi - OK. MOSU 4-26-85 and begun pump testing. Returned well to production 5-13-85 w/ prod after W.O. = 1 BOPDV
8 BWPD x O MCFD.

0+5 BLM, C, 1-JRB, 1-FSN, 1-NLG

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

SIGNED Thi L. Jeter TITLE Administrative Analyst DATE 18 May 1985

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY Thi L. Jeter TITLE Administrative Analyst DATE 18 May 1985

CONDITIONS OF APPROVAL, IF ANY

MAY 31 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO