

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

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

c/SP

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen a well, backfill a well, or to install a wellhead or other equipment on a well.)
Use "APPLICATION FOR PERMIT" for such proposals.)

AUG 19 1985

O. C. D.
ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P.O. Box 68, Hobbs, New Mexico 88240

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)*

14. PERMIT NO.

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

3078' GR

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 Federal

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Indian Draw Dehann

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

18-22-28

12. COUNTY OR PARISH

13. STATE

Eddy

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 COMPLETION

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.)

MISU 7-18-85 and POH with production equipment. Ran tubing and packer. Set packer at 3150' and spot 600 gals 7 1/2% HCL. Pumped 900 gals 7 1/2% HCL with additives. Flushed with 30 BBLs 2% HCL FW. POH with tubing and packer. RIH with Seating nipple and 2 7/8" tubing. Land seating nipple at 3294'. Ran rods and pump. MOSU 7-19-85 and pump tested. Operations Completed 8-5-85. PAWD: 1.5 BOPD, 16 BWPD, 8 MCFD.

046 BLM, C 1-JRB 1-FJN 1-CMH

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

SIGNED

Charles M. Herring

TITLE

Administrative Analyst (SG)

DATE

8-13-85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 15 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO