

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alamogordo, NM 88210

SUBMIT IN TRI
(Other instructions
reverse side)

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Form approved.
Budget Bureau No. 1004-0115
Expires August 31, 1985

clsf

SUNDRY NOTICES AND REPORTS ON WELLS

Use this form for proposals to drill or to deepen or plug back to a different use "APPLICATION FOR PERMIT" for such proposals.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ WATER INJECTION
2. NAME OF OPERATOR Amold Production Company
3. ADDRESS OF OPERATOR P.O. Box 3092 Houston TX 77253 O.C.D. ARTISIA, OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
997' FNL 1785' FWL UNIT C
11. PERMIT NO. 3001521843 12. ELEVATIONS (Show whether DF, RT, GR, etc.)
3087' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM-0415688-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
0
8. FARM OR LEASE NAME
OLD INDIAN DRAW UNIT
9. WELL NO.
10
10. FIELD AND POOL, OR WILDCAT
INDIAN DRAW DELAWARE
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
18-223-28E
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 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 OPERATION. (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.)

MI AND RU COIL TUBING UNIT 7-19-89. SET WELLBORE W/COIL TBG AND WASH tool using 300 SCFPM Nitrogen AND 2% KCL WATER @ 14 BPM. WASH Perfs W/1000 GAL 15% NEFE HCL AND Acidize Perfs with 2000 gal 15% NEFE HCL w/5% by volume A-501 G-15 AND 1 GPT clay CONTROL. Gross INJECTION INTERVAL 3209' to 3289'. Recover Load w/Nitrogen AND Pull COIL TUBING Return WELL To INJECTION 7-20-89.

BWD: 118 BWIPD @ 606 PSI

AWD: 285 BWIPD @ 604 PSI

SEP 21 11 45 AM '89
CLERK OF DISTRICT COURT
ALAMOGORDO, NM

RECEIVED

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

SIGNED Blake T. Steele

TITLE Admin - Analysis

DATE 9-18-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ALAMOGORDO, NM
DATE _____

Adm

SEP 21 1989

*See Instructions on Reverse Side

CLERK OF DISTRICT COURT