

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO.

30-015-21843

5. Indicate Type of Lease

STATE ☐

FEE ☒

6. State Oil & Gas Lease No.

NM-0415688-A

7. Lease Name or Unit Agreement Name

Old Indian Draw Unit

8. Well No.

10

9. Pool name or Wildcat

Indian Draw - Delaware

1. Type of Well:

OIL
WELL ☐

GAS
WELL ☐

OTHER

Water Injector

2. Name of Operator

Amoco Production Company

3. Address of Operator

P. O. Box 3092, Houston, TX 77253-3092 (Room 16.110)

4. Well Location

Unit Letter C : 997 Feet From The North Line and 1785 Feet From The West Line

Section 18 Township 22-S Range 28-E NMPM Eddy County

10. Elevation (Show whether DP, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

- RUSU 6-17-92 X PULL INJECTION EQUIP TO LOCATE POSSIBLE CASING/TUBING LEAKS
- INSPECT TBG X PKR FOR LEAKS AS PULLED
- RIH W/BIDGE PLUG X PKR X ATTEMPT TO LOCATE LEAK IN CSG
- MIRUSU 6-18-92 X RTXIB X LD 2-3/8 IPC TGB X R BAKER LOG SET 5.5 X 2-3/8 NICKLE COATED X 2-3/8 DUROLINE 20 TBG X PMP PKR FLUID X RBXIT X PSA 3116 X TST X OK
- REPAIRED PACKER AND TUBING JOINT AND RETURNED TO INJECTION
- RDMOSU 6-17-92

RECEIVED
AUG 21 1992
O. C. D.
OFFICE

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Debra Prince

TITLE

Staff Assistant

DATE

8-19-92

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

For Record Only

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

