NM OIL CONS. COMMISSION

Drawer DD Form 9-331 Artesia, NM 88210 Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATE RECEIVED BY LEASE DEPARTMENT OF THE INTERIOR NM-0415461 GEOLOGICAL SURVEY SEP 07 1983 IF INDIAN, ALLOTTEE OR TRIBE NAME UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS OF EVENLS (Do not use this form for proposals to drill or to de pen or MRESIN to Oppificent reservoir. Use Form 9-331-C for such proposals.) 🕯. FARM OR LEASE NAME Old Indian Draw Unit Federal gas well \square · well other Injection 9. WELL NO. 2. NAME OF OPERATOR 11 · Amoco Production Company 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Indian Draw Delaware P. O. Box 68, Hobbs, New Mexico 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 AREA below.) 19-22-28 330' FNL X 668' FEL Sec. 19 AT SURFACE: 12. COUNTY OR PARISH: 13. STATE AT TOP PROD. INTERVAL: (Unit A, NE/4,NE/4) Eddy AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) 3083.15 RDB REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE と同 REPAIR WELL (NOTE: Report results of multiple confidetion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE 3 (0 -CHANGE ZONES ABANDON* (other) C) 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.)* Moved in service unit 8-19-83. Installed blow out preventer, released packer, pulled packer and tubing. Ran packer, tested at 3000 psi above slips. Found split collar and replaced. Packer set at 3199'. Moved out service unit 8-20-83. Open valves to return to injection. Well still had communication. Shut in. Moved in service unit 8-22-83, released packer, pulled 1 jt. tubing and set packer at 3168'. Pressure tested and OK. Installed injection line and moved out service unit 8-22-83. Returned to injection. 0+4-BLM, R 1-HOU R.E. Ogden, Rm 21.150 1-F. J. Nash, HOU Rm. 4.206 1-NMOCD.A Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct

ACCEPTED FOR RECORD

(This space for Federal or State office use)

TITLE

TITLE

SIGNED

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

Ast.Adm.Analyst DATE

DATE