

UN ID STATES NM OIL CONS. COMMISS  
DEPARTMENT OF THE INTERIOR SUBMIT IN TRIP  
BUREAU OF LAND MANAGEMENT Artesia, NM 88210

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

C/SF

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection   | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM-046546             |
| 2. NAME OF OPERATOR<br>AMOCO PRODUCTION COMPANY  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>MAY 22 1984          |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 68, Hobbs, NM 88240  | 7. UNIT AGREEMENT NAME<br>O. C. D.                           |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>330' FNL X 668' FEL, Sec. 19<br>(Unit A, NE/4 NE/4) | 8. NAME OF LAND OWNER<br>Old Indian Draw Delaware            |
| 14. PERMIT NO.   | 9. WELL NO.<br>11  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3083, 15' RDB  | 10. FIELD AND POOL, OR WILDCAT<br>Indian Draw Delaware       |
|  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>19-22-28 |
|  | 12. COUNTY OR PARISH<br>Eddy                                 |
|  | 13. STATE<br>NM  |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO:                      |   | SUBSEQUENT REPORT OF:                                     |  |
|--|---|---|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                   | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input checked="" type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANE <input type="checkbox"/>         | (Other) <input 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.)

Moved in service unit 2-27-84 and installed blowout preventer. Released packer, pulled tubing and packer. Perfed 3246'-3260' w/4 JSPF. Tripped in hole with retrievable bridge plug, retrieving head, and packer. Retrievable bridge plug set at 3350' and packer set at 3275'. Spotted 27 bbl acid and closed unloader. Pumped 23 bbl acid and flushed with 14 bbl 10# 2% KCL. Retrievable bridge plug set at 3275' and packer set at 3270' tested to 500 psi and OK. Released packer and spotted 2 bbl acid. Retrievable bridge plug set at 3275' and packer set at 3150'. Spotted 12 bbl acid and closed unloader. Pumped 19 bbl acid and flushed with 10# brine containing 2% KCL. Swabbed 7 hrs. and recovered 65 BLW. Released retrievable bridge plug and packer. Laid down retrievable bridge plug, packer, and tubing. Ran 2-3/8" plastic coated tubing, plastic coated seating nipple and plastic coated packer (Baker Model A-3 Lok-Set) packer set at 3168'. Tested well head to 500 psi, tested OK. Moved off service unit 2-29-84 and commenced injection at an average of 150 BWIPD at 640 Psi.

0+5-BLM, R 1-J. R. Barnett, HOU Rm. 21.156 1-F. J. Nash, HOU Rm. 4.206 1-GCC 1-NMOCD,A

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

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| SIGNED <u>Paul C. Clark</u>                  | TITLE <u>Assist. Admin. Analyst</u> | DATE <u>4-9-84</u> |
| ACCEPTED FOR RECORD                          |                                     |                    |
| (This space for Federal or State office use) |                                     |                    |
| APPROVED BY <u>Gus</u>                       | TITLE                               | DATE               |
| CONDITIONS OF APPROVAL <u>MAY 18 1984</u>    |                                     |                    |

Carlsbad, NEW MEXICO

\*See Instructions on Reverse Side