

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN  
(Other instructions on re-  
verse side)

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

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.)

5. LEASE DESIGNATION AND SERIAL NO.

NM-0415461

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

C/SF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Old Indian Draw Unit

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

Indian Draw Delaware

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

19-22-28

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☒ OTHER Water Injection

2. NAME OF OPERATOR  
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR  
P.O. BOX 68, HOBBS, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with State Regulations.  
See also space 17 below.)  
At surface

330' FNL x 668' FEL  
(Unit A, NE/4, NE/4)

RECEIVED BY

OCT 20 1986

O. C. D.

STATE OFFICE

14. PERMIT NO.

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

3072 GR

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 COMPLETE

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.)

MIRU - Nowsco Coil Tubing Unit. RIH w/1" coil tubing to 3328'. Acidize w/1500 gallons 7-1/2% HCL & additives. Air 7/10 BPM. Flush acid w/5 barrels 2% KCL fresh water. Shut in well for 2 hours. Pump 84,000 SCF N<sub>2</sub> & circulate well for 2 hours. POH w/1" coil tubing. RDMO - coil tubing unit. Commence injection procedures.

IPWO: 158 BWIPD at 400 psi.

IAWO: 265 BWIPD at 404 psi.

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

SIGNED

TITLE

ADMINISTRATIVE ANALYST

DATE 10-7-86

(This space for Federal or State office use)

Steve Brownlee

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 16 1986

\*See Instructions on Reverse Side