

**UNITED STATES DEPARTMENT OF THE INTERIOR**  
**BUREAU OF LAND MANAGEMENT**

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

5. LEASE DESIGNATION AND SERIAL NO.  
NM-0415688-A

**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  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 any State requirements.  
See also space 17 below.)  
At surface  
1658' FNL x 794' FWL  
(Unit E, SW/4, NW/4)

14. PERMIT NO.  
3001521845

15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
3081.7' GL

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O. C. D.  
ARTESIA, OFFICE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Old Indian Draw Unit

9. WELL NO.  
12

10. FIELD AND POOL, OR WILDCAT  
Indian Draw Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
18-22-28

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

**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"/>	PCLL 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 PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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.)

MI coil tubing unit 6-25-87. Run 1" coil tubing to 3260'. Displace hole and circulate clean. Pump 3000 gallons of 15% HCL. Pick up to 2600' and wait 1 hour. Lower to 3250' and pump 90,000 SCF Nitrogen and circulate until clean. Move out coil tubing unit and return to injection.

IPWO: 80 BWPd at 410 psi.  
IAWO: 105 BWPd at 415 psi.

ACCEPTED FOR RECORD

SJS  
JUL 7 1987

CARLSBAD, NEW MEXICO

RECEIVED  
JUL 6 10 49 AM '87  
CARLSBAD RESOURCE  
AREA HEADQUARTERS

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

SIGNED O. M. Mitchell TITLE Sr. Admin. Analyst DATE 7-1-87  
O. M. Mitchell

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side