

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
SUNDRY NOTICES AND REPORTS ON WELLS

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

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

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

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)

RECEIVED BY

JUL 13 1987

O. C. D.  
ARTESIA, OFFICE

14. PERMIT NO.  
3001521845

15. ELEVATIONS (Show whether DP, RT, GR, etc.)  
3081.7' GL

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)

PCLL 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.)

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

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

SIGNED

O. M. Mitchell

TITLE Sr. Admin. Analyst

DATE 7-1-87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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