

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONS. COMMISSION
SUBMIT IN TRIPlicate
(Other instructions on
reverse side)
Artesia, NM 88210

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Injection Well</i>	RECEIVED BY MAY 22 1986 O. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. <i>NM-0415688-A</i>
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. BOX 68 HOBBS, NEW MEXICO 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) See also space 17 below. At surface <i>1658' FNL x 794' FWL (Unit E; S24/4, N24/4)</i>		8. FARM OR LEASE NAME <i>Old Indian Draw Unit</i>
		9. WELL NO. <i>12</i>
		10. FIELD AND POOL, OR WILDCAT <i>Indian Draw Delaware</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>18-22-28</i>
14. PERMIT NO. <i>3001521845</i>	15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3081.7' GL</i>	12. COUNTY OR PARISH <i>Eddy</i>
		13. STATE <i>NM</i>

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.)

*Md SX 5-7-86. Acidized down 1" coil tubing across
perfs 3138'-3269' x 1000 gallons 7 1/2% HCL acid
x 165 gallons foaming A-sol with additives x
37000 SCF N2. Flushed x fresh water. Flowed well
to tank to recover load. Returned well to
injection status 5-9-86.*

*IPWO: 80 BWPD at 400 PSI
IAWO: 194 BWPD at 396 PSI*

0+5 BLM-*Carlsbad* 1-J.R.BARNETT HOU RM. 21.156 1-F.J.NASH HOU RM. 4.206 1-BAO
18. I hereby certify that the foregoing is true and correct
SIGNED *Beneshy A. Otwell* TITLE *SENIOR ADMINISTRATIVE ANALYST* DATE *5-13-86*
(This space for Federal or State office use)

APPROVED BY _____ TITLE *ACCEPTED FOR RECORD* DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

SWD
MAY 15 1986
*See Instructions on Reverse Side