

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instructions
on back of form)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0415688-A

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"/> Water Injection	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME Old Indian Draw Unit
3. ADDRESS OF OPERATOR P. O. Box 4072, Odessa, TX 79760	9. WELL NO. 12
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)	10. FIELD AND POOL, OR WILDCAT Indian Draw Delaware
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18-22-28
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3082' GL	12. COUNTY OR PARISH Eddy
	13. STATE NM

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 COMPLETION

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 and RU coil tubing unit to increase injection by acid stimulation. Run 1" tubing to 3250' and circulate with 50 bbls 2% KCl fresh water. Pick up tubing to 3245' and acidize with 1000 gallons of 20% HCl. Pick up tubing to 3200' and acidize with 1500 gallons of 20% HCl. Pick up tubing to 3165' and acidize with 500 gallons of 20% HCl. Flush tubing and shut-in for 1 hour at 2600'. Lower tubing to 3250' and circulate with 45,000 SCF of nitrogen. RD and MO coil tubing unit and return to injection.

IPWO: 80 BWIPD at 400 psi
IAWO: 90 BWIPD at 405 psi

ACCEPTED FOR RECORD

SEP 25 1987

SJS

CARLEBAD NEW MEXICO

SEP 21 11 13 AM '87

RECEIVED

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

SIGNED G. M. Mitchell
G. M. Mitchell

TITLE Sr. Admin. Analyst

DATE 9-21-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side