Form 3160-5 UN'TED STATES SUBMIT IN TRIP ATE	Budget Bureau No. 1004-0135
Compace By DEPARTME OF THE INTERIOR (Other Instruction ) Te	Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.
BUREAU OF LAND MANAGEMENT AND 83210	NM-0429825  6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.	O. IN INDIAN, ALLOTTEE OR TRIBE NAME
O. C. D. Use "A PLICATION FOR PERMIT—" for such proposals.)  1. ARTESIA, OFFICE	
WELL WELL OTHER Insection Well	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
AMOCO PRODUCTION COMPANY V  3. ADDRESS OF OPERATOR	Old Indian Draw Unit
P.O. BOX 68 HOBBS, NEW MEXICO 88240	16
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface	10. FIELD AND POOL, OR WILDCAT
330' FSL × 794 FWL	Indian Draw Delawer  11. HEC., T., E., M., OR ELK. AND  SURVEY OF AREA
14. PERMIT NO. SW/U SW/4  15. ELEVATIONS (Show whether Dr. RT. GR. etc.)	7-22-28
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	Eddy NM
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTENTION TO:  BUBBEQUENT REPORT OF:	
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	7 —
FRACTURE TREAT  MULTIPLE COMPLETE  FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE  ABANDON*  SHOOTING OR ACIDIZING  CHANGE PLANS  (Other)	ABANDONMENT*
(Other)  (Norm: Report results of multiple completion on Well  Completion or Recognition 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 gones pertinent to this work.)*	
Verbal approval was granted 6-21-85, by Pitske of the BLM-C, and Williams NMOCO-A, to	
acidize the subject well as follows, MI I" OD coil tog unit and pump toucks.	
Thun down 2 3/8" they w/ coil they and LA 3760. Fump down coil they w/ 1500	
gals 7/2% HCL acid. Acidize at 1/2 BPM. Expected max pro 3500 PSi.	
While acidizing, move coil they between perfs 3224-96', Over flush acid w/ 5 bbls.	
770 KCL FW. SI well for z hrs after pulling coil they 500 into 23/8" they.	
Lower coil they to 3210' and start pumping Nz at 200 - 400 SCF/min. Flow well back	
through 23/8"-1" they annulus while pumping Nz (circ). Once circ is established	
lower coil tog to 3310' and Pump approx 30,000 SCF NZ	
returns and stop pumping N2 once returns are clean. Once NZ is pumped,	
D+S-BLM-C, 1-JRB 1-FJN,1-NLG, 1-NMOCD-A  18. I hereby certify that the foregoing is true and correct	
SIGNED Willed Analyst TITLE Administrative Analyst	DATE 22 June 1985
(This space for Federal or State office use)	. 2.203
APPROVED BY	DATE 7-2-83
Subject to	

Subject to Like Approval

\*

\*See Instructions on Reverse Side

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

and well guits flowing, PoH w/ coil tog. Flow well back into tank and measure volume. Return well to injection and Mo coil tog and Fump trucks. Limit injection rate to 300 BWIPD and prs to 400 psi.