

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN 1
(Other instructions on reverse side)

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"/> Injection Well	RECEIVED BY	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	SEP 29 1986	NM-0429825
3. ADDRESS OF OPERATOR P.O. BOX 68, HOBBS, NM 88240	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME C/SF
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 330' FSL X 794' FWL; Unit M (SW/4, SW/4)	ARTESIAN OFFICE	7. UNIT AGREEMENT NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3059 G.L. 3070	8. FARM OR LEASE NAME Old Indian Draw Unit
		9. WELL NO. 16
		10. FIELD AND POOL, OR WILDCAT Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7-22-28
		12. COUNTY OR PARISH Eddy
		13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)

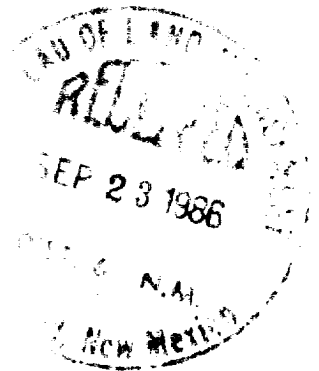
MIRU-SU 9-8-86. Release packer & POH w/injection equip. RIH w/pinpoint packer & 2-7/8" tubing. Acidize well w/total of 900 gallons of 7-1/2% HCL acid. Max pressure 2500psi. Release packer & POH. RIH w/treating packer & tubing. Packer set at 3100'. Fracture stimulate down tubing w/total of 8500 gal. 2% KCL gelled cross linked water and 25000# of 12/20 Ottawa sand. Swab to recover load. Release packer & POH. RIH w/injection equip. Packer set at 3137'. RDMO-SU.

IPWO: 60 BWIPD @ 400psi
IAWO: 129 BWIPD @ 438psi

ACCEPTED FOR RECORD

SEP 26 1986

CARLSBAD, NEW MEXICO



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

SIGNED

Steve Brownlee

TITLE

ADMINISTRATIVE ANALYST

DATE 9-19-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Subject to
Like Approval
by State

*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.