

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0415688-A

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.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	
2. NAME OF OPERATOR Amoco Production Company ✓	
3. ADDRESS OF OPERATOR P.O. Drawer A, Levelland, Texas 79336	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2323' FSL X 796' FWL Sec. 18, (Unit L, NW/4 SW/4)	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3085.9 GR

7. UNIT AGREEMENT NAME Old Indian Draw Unit
8. FARM OR LEASE NAME Old Indian Draw Unit
9. WELL NO. 22
10. FIELD AND POOL, OR WILDCAT Indian Draw Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 18-22-28 NMPM
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:		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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	Testing <input checked="" type="checkbox"/>

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.)\*

Tested well with pumping equipment in place, from 6-16-77 to 7/24/77. Determined well was commercially productive and completed well 7/24/77 with a potential of 44 BO X 0 BW X Gas TSTM, 24 hrs.

RECEIVED  
JUL 28 1977  
U.S. GEOLOGICAL SURVEY

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

SIGNED Ray W. Cox

TITLE Administrative Assist.

DATE 7-27-77

(This space for Federal or State office use)

APPROVED BY Lee J. Lamm

TITLE ACTING DISTRICT ENGINEER

DATE AUG 1 - 1977

CONDITIONS OF APPROVAL, IF ANY:

- 0 + 4 - USGS - Art.  
1 - Div  
1 - RC  
2 - Bass  
1 - Marathon  
1 - Susp

\*See Instructions on Reverse Side