

UNITED STATES **NMOCC COPY**
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

STANDARD TRIPlicate
(Other instructions on reverse side)

Copy to SF
Form approved.
Budget Bureau No. 42-R1424.

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.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Amoco Production Company</p> <p>3. ADDRESS OF OPERATOR P. O. Drawer A, Levelland, Texas 79336</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1656 FSL x 814 FWL Sec 7 (Unit L NW/4 SW/4)</p> <p>14. PERMIT NO.</p>		<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">MAY 13 1977</p> <p style="text-align: center;">O.C.C.</p> <p>7. UNIT AGREEMENT NAME Old Indian Draw Unit</p> <p>8. FARM OR LEASE NAME Old Indian Draw Unit</p> <p>9. WELL NO. 23</p> <p>10. FIELD AND POOL, OR WILDCAT Indian Draw - Delaware</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7-22-28 NMPM</p> <p>12. COUNTY OR PARISH Eddy</p> <p>13. STATE NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3105.1 GR</p>		

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 checked="" 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"/>	(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.) *

OC 4-26-77. L & O Drilling Co spudded 12½" hole at 3:00 PM 5-8-77. Drilled to TD of 440' and ran 8 5/8" casing and set at 440'. CMT with 300 SX Incor & 2% CACL. Plug down at 10:30 AM 5-9-77. Circ to 45' from surface. Finish cementing with 200 SX Incor and 15 YDS ready mix through 1" tubing. WOC 18 hrs. Test casing with 1350 # for 30 min. Test ok.

Reduce hole to 7 7/8 and resume drilling at 440'.

RECEIVED

MAY 12 1977

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <u><i>Kenneth Brand</i></u>	TITLE <u>Senior Staff Assistant</u>	DATE <u>5-11-77</u>
(This space for Federal or State office use)		
APPROVED BY <u><i>Joe J. Lara</i></u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>MAY 12 1977</u>

CONDITIONS OF APPROVAL, IF ANY:

0 + 4 USGS - Art
1 Div
1 KWB
2 Bass
1 Marathon

*See Instructions on Reverse Side