

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
RECEIVED BY P. O. BOX 2088
SANTA FE, NEW MEXICO 87501
DEC 23 1986
O. C. D.
ARTESIA OFFICE

Form C-103
Revised 10-1-73

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 - (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☐ OTHER- water injection	5a. Indicate Type of Lease State ☐ Fee ☒
2. Name of Operator Amoco Production Company ✓	7. Unit Agreement Name
3. Address of Operator P. O. Box 68 Hobbs, NM 88240	8. Farm or Lease Name Old Indian Draw Unit
4. Location of well UNIT LETTER I 1663 FEET FROM THE South LINE AND 963 FEET FROM East LINE, SECTION 7 TOWNSHIP 27 25 2 RANGE 28 E NMPM.	9. well No. 35
15. Elevation (Show whether DF, RT, GR, etc.) 3099.2GL	10. Field and Pool, or Wildcat Indian Draw - Delaware
12. County Eddy	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

MI-RUSU 12-15-86. RIH 1" coil tbg to 3330 ft. Acidize w/1500 gals 7-1/2% HCl plus additives. Air 1/2 BPM. Max TP 4100#. Avg 3900#. Shut in well for 2 hrs. Pump 50,000 SCF N₂. Circulate well until returns cleaned up. POH 1" coil tbg. RD MOSU. Return well to injection.
IPWO: 40 BWIPD at 490#
IAWO: 178 BWIPD at 490#

I, I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Steve Brownlee TITLE Admin. Analyst DATE 12-22-86
APPROVED BY Mike Williams TITLE OIL AND GAS INSPECTOR DATE DEC 31 1986
CONDITIONS OF APPROVAL, IF ANY: