MM OIL COMS. COMMI	ISSION_	·	Form approved.
Form 3Dacerser DD	U) ED STATES	SUPPLIFE IN TRIL CATE.	Budget Bureau No. 1004-0135 Expires August 31, 1985
• • • • • • • • • • • • • • • • • • • •	TMENT OF THE INTER		5. LEASE DESIGNATION AND SERIAL NO.
BUF	REAU OF LAND MANAGEMEN	OCT 29 1984	B. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY N	OTICES AND REPORTS	ON WELLS	
	roposals to drill or to deepen or plug LICATION FOR PERMIT—" for such p	ARTESIA, OFFICE	- 1 - 1
OIL GAB OTHE	. Notes Sound 2	11.11	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	· 1		8. FARM OF LEASE NAME
amoco Froducti	on Company	·	Old Indian Draw Unit
P. M. Box 68. 2	blus nm 88240	1	37
4. LOCATION OF WELL (Report locati See also space 17 below.)	on clearly and in accordance with any	State requirements.*	10. FIELD AND POOL, OR WILDCAT
At surface	real Souting	(1. 1 + NW/2 (-1)	A1. SEC., T., B., M., OR BLE. AND
2160 FSL X 1960	FEL, Section 18 (1	(mit J, NW/4,SE/4)	IC CA DC
14. PERMIT NO.	15. ELEVATIONS (Show whether D	P RT CR etc.)	12. COUNTY OR PARISH 13. STATE
14. PERSIT NO.	3084:11 G	,	Eldy nm
16. Chark	Appropriate Box To Indicate N	Nature of Notice Report or C	Other Data
	NTENTION TO:		UNIT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON* CHANGE PLANS	SHOOTING OR ACIDIZING (Other)	ABANDONMENT*
(Other) Daules >	JA LOV	(Note: Report results	of multiple completion on Well etion Report and Log form.)
Propose to cont signal follows:	meg appermost	zerfs, clean on	t and scale squeez
RIH with RBP an	nd pkr seval 27	00: Cap with 20	o'pand. Set cmt
extremer at 2450.	: Om squeeze 25	35'-2636' with	300 oxs class C
hade Stania out	of complete tainer	and runeral out I	xcess cmb. POH and
car. Sund over	The offer and of	will my hamily	and contretainer,
NOC. KI HU WOOD J	no coccurs and vo	an the war com	and one success,
lean out sand to	RBY and POH.	KIH wan poor an	& retrieving head.
Release RBP and P	OH . Sel-plu avz	100. Fump 3 dr	ums WAB38
in hilator in 115 lole	la. 2 % KBI . Flush	with 130 John.	2% KCL. Kelease zek
OPALL PILLUM	th Sub Pump and	Home Sand my	monat 24621
MX FUTT. NITH WU	.1) Sur I what will		District Only
Kelum well to p	roduction.	l approval you	Pitochke to Dick
Gray received	7-24-84.	0//	
16. I need to certify that the foregot	ngain true and correct	lministrative ana	lipt 9-24-84
(This space for Federal or State	<u> </u>		<del>//</del>
APPROVED BY		A MANAGER	DATE 10-26.84
CONDITIONS OF APPROVAL,		LOUND Re-	
Subject to	*C 1	an Dawana Sida	