

N. M. O. C. C. COPY
UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on the
reverse side)

copy to SF
Form approved
Budget Bureau No. 42 R1121

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.)

RECEIVED

1. OIL WELL GAS WELL OTHER

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
2002' FSL x 1721' FWL Sec. 18 (UNIT NE/4 SW/4)

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3088' GL

7. UNIT AGREEMENT NAME
OLD INDIAN DRAW UNIT

8. FARM OR LEASE NAME
OLD INDIAN DRAW UNIT

9. WELL NO.
6

10. FIELD AND POOL, OR WILDCAT
INDIAN DRAW DELAWARE

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
18-22S-28E

12. COUNTY OR PARISH 13. STATE
EDDY N.M.

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 checked="" 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"/>	

(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.)*

Propose to increase production by fracture treating producing interval 3237'-3256' with 7000 gals gelled lease crude and 9,000 lbs 20-40 mesh sand at a rate of 7 BPM at 1800 psi. Flush w/ 3000 gal. lease crude. Re install pumping equipment and evaluate.

RECEIVED

MAR 11 1977

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Ray W. Cox TITLE Administrative Assistant DATE 3-9-77

(This space for Federal or State office use)

APPROVED BY Sec. S. Lora TITLE ACTING DISTRICT ENGINEER DATE MAR 15 1977

CONDITIONS OF APPROVAL, IF ANY:

044-USGS-AR
1- Div
1- SusP
1- RC
2- BASS

*See Instructions on Reverse Side