

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil well gas well other

2. NAME OF OPERATOR
Amoco Production Company

3. ADDRESS OF OPERATOR
P. O. Box 68 Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: (Unit D, 660' FNL X 660' FWL)
AT TOP PROD. INTERVAL: Sec. 24 NW/4 NW/4
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*
- (other) _____

SUBSEQUENT REPORT OF:

-
-
-
-
-
-
-
-

RECEIVED

MAY 12 1980

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
LC -031736 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gillully A Federal *17, 2*

9. WELL NO.
12

10. FIELD OR WILDCAT NAME
Monument GSA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
24-20-36

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3555 DF

Report results of multiple completion or zone change on Form 9-330.)

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 productivity by the following method:

Run tubing and packer. Set packer at 3745' and tailpipe at 3760'. Acidize well with 4500 gallons 15% NE HCL in 3 equal stages. Between each stage drop 200 lbs. rock salt and 100 lbs. benzoid acid flakes in 400 gallons of 30 lbs./1000 gallons guar saturated brine. Flush with 10 bbls. water. Evaluated well and return to production.

No New Surface Disturbance

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *Merly K. Gales* TITLE Asst. Adm. Analyst DATE 5-9-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
0+4-USGS, H 1-Hou 1-MKE 1-Susp

APPROVED
MAY 15 1980
K. E. Sayle
DISTRICT SUPERVISOR

*See Instructions on Reverse Side