

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
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Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-031736 (a)	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 3092, Houston, TX 77253		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL x 1980' FWL Sec. 24 (Unit SE/4 NW/4)		8. FARM OR LEASE NAME Gilluly /A/ Federal <i>Qty 2</i>	
14. PERMIT NO.		9. WELL NO. 13	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3568' RDB		10. FIELD AND POOL, OR WILDCAT Eunice-Monument GSA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24-20-36	
		12. COUNTY OR PARISH Lea	18. STATE NM

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 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) Squeeze perfs & clean out wellbore X
(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.)*

MI x RU x POH w/tbg. RIH w/workstring x pkr x set pkr at 3450' & establish injection rate & pressure. Release pkr x POH

RIH w/workstring x cmt. ret. x set cmt. ret. @ 3450'. Cmt squeeze perfs (3554' - 3615') w/50 sacks cmt.

RIH w/workstring x bit x drill out to cmt. ret. @ 3637'.

Drill out cmt ret @ 3637' x 3726'. Clean wellbore.

RIH w/tbg x leave well shut-in*

18. I hereby certify that the foregoing is true and correct
SIGNED Kim A. Colvin TITLE Asst. Admin. Analyst DATE 2/20/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 3-1-91
CONDITIONS OF APPROVAL, IF ANY:

* THIS IS NOT A PERMIT TO LEAVE WELL SHUT IN.

*See Instructions on Reverse Side