

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 at surface: 660' FNL x 1980' FWL, Unit C at top prod. interval: Sec. 24, T-20-S, R-36-E		8. FARM OR LEASE NAME Gilluly /A/ Federal <i>Sty 2</i>	
14. PERMIT NO.		9. WELL NO. 9	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3549' GL		10. FIELD AND POOL, OR WILDCAT Eunice-Monument GSA	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24-20-36	
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.)*		12. COUNTY OR PARISH Lea	
		13. STATE NM	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) Drillout cmt retainers & cmt plug ☒

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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

RIH w/workstring x bit x drill out past cmt. Retainers @ 3650' x 3710' x 3732'

Drill out cement plug from 3794' to 3854'. Circulate wellbore clean,

POH w/workstring & leave well in TXA status.*

RECEIVED
FEB 28 11 52 AM '91
CANNONVILLE
AREA

RECEIVED
FEB 25 4 11 PM '90
BUREAU OF LAND MGMT.
HOBBS, NM.

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

CONDITIONS OF APPROVAL, IF ANY:

* THIS IS NOT A PERMIT TO LEAVE WELL T.A.

*See Instructions on Reverse Side

RECEIVED

MAR 11 1991

HOUSE