

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI...  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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. <b>LC-031736-A</b>
2. NAME OF OPERATOR <b>AMOCO PRODUCTION COMPANY</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>BOX 367, ANDREWS, TEXAS 79714</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. At surface <b>660' FWL x 1980' FWL Sec. 24 (Unit C, NE 1/4 NW 1/4)</b>		8. FARM OR LEASE NAME <b>GILLULY A FED #3</b>
14. PERMIT NO.		9. WELL NO. <b>9</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3558 RDB</b>		10. FIELD AND POOL, OR WILDCAT <b>MONUMENT GSA</b>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>24-20-36 N M PM</b>
		12. COUNTY OR PARISH <b>LEA</b>
		13. STATE <b>N.M.</b>

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <b>WELL STATUS</b>			<input checked="" 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.)

WELL STATUS: **TA**

DATE OF STATUS: **11-54. APPROVED BY USGS 9-60.**

REASON: **PRODUCES 100% WATER. SHALLOW GAS ZONE DEDICATED TO ANOTHER WELL ON SAME PRORATION UNIT.**

PLANS: **HOLD IN current status for possible recompletion to assist well No. 4 to produce gas allowable.**

**DEL 2, 1975**

PROJECTED DATE: **Indefinite**

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

SIGNED **[Signature]** TITLE **ADMINISTRATIVE ASSISTANT**

(This space for Federal or State office use)

DATE **OCT 29 1974**

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

**APPROVED**

**NOV 1 1974**

**JIM SIMS**

**ACTIVE DISTRICT**

\*See Instructions on Reverse Side

4- USGS-H  
1- Div  
1- SUSP  
1- RRY