

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
MOES, NEW MEXICO 88240

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <i>Amoco Production Company</i>		8. FARM OR LEASE NAME <i>Gillully A 2nd Bty 2</i>	
3. ADDRESS OF OPERATOR <i>P.O. Box 68 Hobbs, NM 88240</i>		9. WELL NO. <i>12</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>Unit D 660' FNL x 660' FWL Section 24 NW/4 of NW/4</i>		10. FIELD AND POOL, OR WILDCAT <i>Monument GSA</i>	
14. PERMIT NO. <i>3002504315</i>		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3555' DF</i>	
		12. COUNTY OR PARISH <i>Lea</i>	
		13. STATE <i>NM</i>	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.)

On 4-22-86 Acidized down casing x 2500 gallons  
15% NE HCL acid x flushed x 120 barrels water.  
PPWD: 2 BOPD, 8 BWPD, x 8 MCFD  
PAWD: 5 BOPD, 31 BWPD, x 5 MCFD

ACCEPTED FOR RECORD

*Guo*  
MAY 5 1986

CARISBAD, NEW MEXICO

0+5: BLM-C 1-JRB 1-FJN 1-WF 1-BAO

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

SIGNED *Keverly A. Otwell* TITLE *Sr. Adm. Analyst* DATE *4-29-86*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

\*See Instructions on Reverse Side

RECEIVED  
MAY 12 1986  
C.C.C.  
HOBBS OFFICE