

Form 9-331
(May 1963)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-031736 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Amoco Production Company		8. FARM OR LEASE NAME Gillully "A" Federal	
3. ADDRESS OF OPERATOR P.O. Drawer "A", Levelland, Texas 79336		9. WELL NO. 14	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL 660' FWL, Sec. 24 (Unit H, SE/4-NE/4)		10. FIELD AND POOL, OR WILDCAT Eunice Monument -GSA	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24-20-36 NMPM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3569' DF		12. COUNTY OR PARISH Lea	
		13. STATE NM	

16. 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) <input type="checkbox"/>	

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) <input 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.) *

Moved in service unit 4-20-78. Set packer at 3645'. Pressure annulus to 500# and acidize w/9000 gal 20% HCL, 9000# 100 mesh sand and 3800 gal gel water in three stages. Flush w/3000 gal Lease crude and put well on pump test. Production prior to workover was 9bbl oil, 28 bbl water and 10mcf gas. Production after workover was 14bbl oil, 22bbl water in 24 hours.

OC 4-20-78
Comp 5-12-78

RECEIVED

JUL 3 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED

David L. Porter

TITLE Asst. Admin. Analyst

DATE 7-5-78

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

0+4-USGS-H

1-Div
1-Susp
1-RC

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

DATE

JUL 5 1978

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HOBBS, NEW MEXICO