

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-031736 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Gillully "A" Federal

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Eunice Monument - GSA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

24-20-36 NMPM

12. COUNTY OR PARISH

Lea

13. STATE

NM

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

P. O. Drawer A, Levelland, Texas 79336

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

1980' FNL X 660' FWL, Sec. 24 (Unit H, SE/4 NE/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3569' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☒
☐

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

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.)*

Propose to increase production by acidizing. Run workstring w/treating packer and set at 3645' and pressure test to 500 psi. Acidize w/9000 gal 20% HCL acid, 9000 lbs 100 mesh sand and 3800 gal gelled water in 3 stages. Flush w/2000 gal lease crude and swab. Return well to production.

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

SIGNED

David H. Hester

TITLE Asst. Administrative Analyst DATE 3-30-78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

0 & 4 - USGS-H

1 - Div.

1 - Susp.

1 - RC

TITLE

DATE

*See Instructions on Reverse Side

APPROVED

APR 3 1978

- D. A. F.

ACTING DISTRICT ENGINEER