

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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 Form 9-331-C for such proposals.)

1. oil ☒ well gas ☐ well other ☐

2. NAME OF OPERATOR  
Amoco Production Company

3. ADDRESS OF OPERATOR  
P. O. Box 68 - Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 840' FNL & 2080' FEL, Sec. 24  
AT TOP PROD. INTERVAL: (Unit B, NW/4, NE/4)  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☐  
☐  
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RECEIVED

JUL 3 1980

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE  
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.  
16

10. FIELD OR WILDCAT NAME  
Eunice Monument GSA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
24-20-36

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3537 GL

NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)\*

Drilled out cement retainer at 3825' and cement to 3864'. Drilled cast iron bridge plug and cement to 3917'. Drilled out cement retainer and cement to 3958'. Perforated San Andres intervals 3910'-24" and 3934'-50'. Ran packer and 2-7/8" tubing. Packer set at 3898'. Acidize with 2000 gal 15% HCL NE acid. Installed pump equipment. Currently pump testing.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Bob Laws TITLE Admin. Analyst DATE 7-2-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:  
0 + 4 - USGS-H 1 - Hou 1 - Susp 1 - LBG

\*See Instructions on Reverse Side

