

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address and Telephone No.

P.O. BOX 68 HOBBS, NEW MEXICO 88240 (505)397-8200

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

390/N + 660/E Unit A

Sec. 21, T-20-S, R-37-E

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NM-62667

8. Well Name and No.

GILLULLY B FEDERAL #6

9. API Well No.

30-025-~~28120~~ 06201

10. Field and Pool, or Exploratory Area

EUMONT-SEVEN RIVER QUEEN

11. County or Parish, State

LEA COUNTY, NEW MEXICO

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other _____
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

FLOW TESTED GAS, THROUGH PORTABLE TESTING EQUIPMENT, AT A REDUCED PRESSURE TO EVALUATE WELL FOR GAS COMPRESSION EQUIPMENT. WELL WAS FLOWED AT APPROXIMATELY 20 PSI TO THE ATMOSPHERE FOR 24 HOURS, WITH THE GAS BEING FLARED. WELL WAS RETURNED TO NORMAL PRODUCTION STATUS AFTER TEST COMPLETED.

(SEE ATTACHED RESULTS)

RECEIVED
OCT 21 8 33 AM '91
CARLETON SOURCE
AREA HEADQUARTERS

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

Signed STEVEN M. BISHOP

Title PROD. FOREMAN, AMOCO PROD. CO.

Date 10-17-91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

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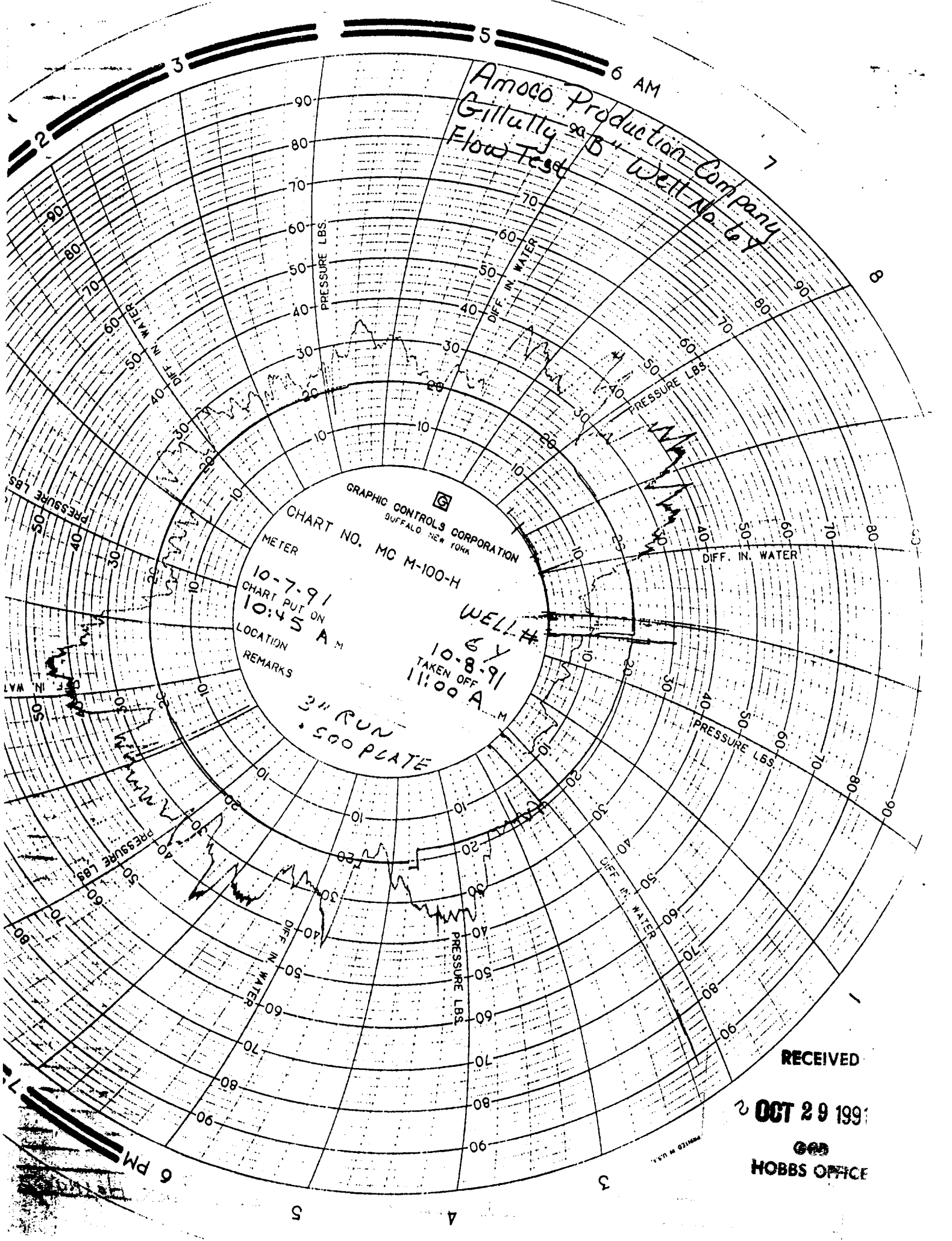
OCT 29 1991

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HOBBS OFFICE

SUGGESTED FIELD DATA SHEET (Not Required To File)

Type Test <input type="checkbox"/> Internal <input type="checkbox"/> Annual <input type="checkbox"/> Special	Test Date	Lease No. or Serial No.
Company <i>Amoco Production Company</i>	Connection	Allettee
Field <i>Reservoir</i>	Location	Unit <i>NE 1/4 NE 1/4</i>
Completion Date	Total Depth	Plug back to
Elevation	Form or Lease Name <i>Gilluly "B" F.</i>	Well No. <i>104</i>
Csg. Size	Wt. d	Set At
Perforation From To	Sec. Top-dk. <i>21 209</i>	County or Parish <i>Lea.</i>
Type Completion (Describe)	Packer Set At	State <i>Tex.</i>
Producing thru <i>Casing</i>	Reservoir Temp. F	Mean Annual Temp. F
Bar. Press. - P _g	Prover	Meter Run <i>311</i>
H	% CO ₂	% N ₂
% H ₂ S		

DATE	ELAP. TIME	Wellhead Working Pressure			METER OR PROVER				REMARKS (Include liquid Production data Type-A.P.L. Gravity-Amount)
		Tbg. Psig	Csg. Psig	Temp F	Pressure Psig	Diff.	Temp F	Orifice	
Time of Reading	Hrs.								
10-7-91									
10:15 A.M.		Shut-in 135 P.S.I.							Sp. Gr. 0.700
11:00	AM	20	20	10"	1.500				58 MCF/DAY
12:00	Noon	20	20	6"	1.500				45 MCF/DAY
1:00		20	20	4"	1.750				37 MCF/DAY
2:00		20	20	8"	1.750				52 MCF/DAY
3:00		20	20	20"	1.500				36 MCF/DAY
4:00		20	20	34"	1.500				48 MCF/DAY
5:00		20	20	24"	1.500				40 MCF/DAY
6:00		20	20	29"	1.500				44 MCF/DAY
7:00		20	20	34"	1.500				48 MCF/DAY
8:00		20	20	30"					45 MCF/DAY
9:00		20	20	34"					48 MCF/DAY
10:00		20	20	40"					51 MCF/DAY
11:00		20	20	32"					46 MCF/DAY
12:00		20	20	12"	1.500				35 MCF/DAY
10-8-91									
1:00	AM	20	20	16"	1.500				33 MCF/DAY
2:00		20	20	21"					34 MCF/DAY
3:00		20	20	23"					39 MCF/DAY
4:00		20	20	25"					41 MCF/DAY
5:00		20	20	23"					45 MCF/DAY
6:00		20	20	24"	1.500				40 MCF/DAY
7:00		20	20	33"					47 MCF/DAY
8:00		20	20	24"					40 MCF/DAY
9:00		20	20	34"					40 MCF/DAY
10:00		20	20	24"					40 MCF/DAY
11:00		20	20	12"	1.500				28 MCF/DAY



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2 OCT 29 1991

GEO
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