

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, 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"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-031736(6)
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL X 1980' FEL Unit B, NW/4 NE/4	8. FARM OR LEASE NAME Gillully "B" Federal LA/A
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3526 DF	10. FIELD AND POOL, OR WILDCAT Eunice Monument GSA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-20-37
	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"/>		<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"/>		<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.)

MTSU 6/7/85 and POH w/ production equipment. Ran Gamma Ray Correlation log from 3840'-2300'. Ran 100' of 600 grain string shot from 3830'-3730'. RTH w/ 5 1/2" pkr and 2 7/8" tbg. Pkr SA 3628'. Acidized w/ 6000 gal 15% HCL in 3 stages, by 2 stages of 500 # rk salt in 500 gal 30# gelled brine. Flushed w/ 38 bbl 2% KCL FW. Max prs = 500 psi. Ran swab. Pumped scale squeeze on open hole 3844'-3720' and overflushed 5 gal WA 315 and 100 bbl 2% KCL FW. Pulled tbg and RTH w/ 3 1/8" csy gun and perforated GSA intervals 3644'-64', 3610'-26', 3582'-88', 3559'-71', and 3539'-46' w/ 4 SPF. RTH w/ RBP and PPI pkr, and tbg. Set RBP at 3700'. Tested to 500 psi - OK. Pkr SA 3660'. Acidized 3664'-3539' / non-continuous / in 4' intervals. w/ 4500 gal 15% HCL w/ add. Reset pkr at 3500' and acidized w/

015 BLM-C, 1-JRB, 1-FJN, 1-NLG

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

SIGNED John R. Kater TITLE Administrative Analyst DATE 27 June 1985

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

JUL 1 1985

*See Instructions on Reverse Side

CARISBAD, NEW MEXICO

1500 gal 15% HCl w/ add. Ran swab. Pore. RTH w/ 2 7/8" tbg and LA 3682'. Installed production equip and pres tested pump to 500 psi - OK.

MOSU 6-17-85 and started pump testing 6-18-85. Pump tested through 6-25-85 and finaled W.O. 6-26-85.

PPWO: 2 BOPD X 2 BWPD X 1 MCFD

PAWO: 6 BOPD X 55 BWPD X 149 MCFD

RECEIVED

JUL -2 1985

MOBILE OFFICE