

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: 660' FNL X 1980' FEL (Unit B)
AT TOP PROD. INTERVAL: Sec. 21, T-20-S, R-37-E
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) Test casing

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED
JUN 3 1983

OIL & GAS

ROSWELL, NEW MEXICO

5. LEASE
LC-031736(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gillully "B" Federal RA/A

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
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

14. API NO.

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

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.)*

Moved in service unit 4-25-83. Cleaned out fill to plug back TD of 3851' and circulated. Set a packer at 3696' and pressure tested casing to 500 psi for 15 min. Tested OK. Swab tested well for 24 hrs., recovering 70 BO and 370 BLW with a show of gas. Installed production equipment. Pressure tested to 500 psi for 15 min. and OK. Moved out service unit 5-4-83. Completed electrification and flow line installation 5-7-83. Started pump test 5-8-83. Pump tested for 96 hrs., and pumped 106 BO, 109 BLW, 227 BW, and 178 MCF. Last 24 hrs. pumped 20 BO, 33 BW, and 31 MCFD. Returned well to production.

0+5-BLM,R 1-NMOCD,H 1-HOU 1-F.J.Nash, HOU 1-CLF

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Cathy L. Forman TITLE Ast. Adm. Analyst DATE 5-31-83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

AUG 1 1983

10-20-83

10-20-83

10-20-83

RECEIVED
AUG 12 1983
O.C.D.
HOBBS OFFICE