

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instruction
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 031736 (1)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> OTHER <i>Dual</i>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>AMOCO PRODUCTION COMPANY.</i>	8. FARM OR LEASE NAME <i>GILLULY B FEDERAL RIAA</i>
3. ADDRESS OF OPERATOR <i>BOX 337, ANDREWS, TEXAS 79714</i>	9. WELL NO. <i>4</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>340' FNL x 340' FWL Sec 22 (Unit D, NW 1/4 NW 1/4)</i>	10. FIELD AND POOL, OR WILDCAT <i>EUNICE MONUMENT- EST</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3554 DF</i>
	12. COUNTY OR PARISH <i>LEA</i>
	13. STATE <i>N.M.</i>

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.) *

*Eunice-Monument GSA zone shut in.
(Galmat Yates Gas zone producing.)*

*Marginal capacity makes it uneconomical to produce. Workover possibilities questionable.
Will remain in S-I status. due to dual completion status.*

This approval of temporary
abandonment expires MAR 1 1976

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

SIGNED

TITLE *ADMINISTRATIVE ASSISTANT*

DATE

MAR 17 1975

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*04 4-USGS- H
1- DIV
1- SUSP
1- RRY*

*See Instructions on Reverse Side