Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

HAUTED STATES

UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE LC 03/736 (b)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	8. FARM OR LEASE NAME
1. oil gas	Gillully B Federal Aff H 9. WELL NO.
2. NAME OF OPERATOR	5
Amoco Production Company	10. FIELD OR WILDCAT NAME Eunice-Monument GSA
3. ADDRESS OF OPERATOR	11. SEC., T., R., M., OR BLK. AND SURVEY OR
P. O. Box 68 Hobbs, NM 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA 22-20-37
below.)	12. COUNTY OR PARISH 13. STATE
AT SURFACE: 330' FNL X 1650' FWL, Sec. 22 AT TOP PROD. INTERVAL: (Unit C, NE/4, NW/4)	Lea NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	AS SUSTIONS (CHOW DE KDR AND WD)
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple tompletion or zone
REPAIR WELL PULL OR ALTER CASING	change of orm 9-3
MULTIPLE COMPLETE	De Branco
CHANGE ZONES	IIG WOCKA WA
(other)	e GES, N
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertined.)	te all perimed details, and give pertinent dates, directionally drilled, give subsurface locations and to this work.)*
Proposing to increase productivity by the	
Perforate Grayburg intervals 3653'-55', 64 3694'-3702', 04'-10', 18'-22', 26'-32' with bridge plug on wireline at 3740'. Run pa Set tailpipe at 3734' and spot 90 gallons Raise and set packer at 3490'. Acidize we acid in six equal stages pumping 15 ball s with 17 bbls. fresh water. Swab to evalua	icker and 120' of tailpipe. 15% NE HCL acid across perfs. 1 with 3000 gallons of 15% NE HCL
Subsurface Safety Valve: Manu. and Type	,
18. I hereby certify that the foregoing is true and correct	
	nalyst date 7-23-80
(This space for Federal or State	office use) APPRC\'ED
APPROVED BY TITLE	APPRONED
CONDITIONS OF APPROVAL, IF ANY:	1111 7 4 4001
0+4-USGS, H 1-Hou 1-Susp 1	-MKE JUL 3 1 BG

*See Instructions on Reverse Side