

### 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 (Shut-in)

2. Name of Operator

Amoco Production Company

3. Address and Telephone No.

P. O. Box 3092, Houston, TX 77253 Rm. 17.182

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

330' FWH X 1650' FWH, Sec. 22, T-20-S, R-37-E.  
(Unit C, NE 1/4, NW 1/4)

5. Lease Designation and Serial No.

AC-C31 236 (b)

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Gillully "B" Fed. RIAIA<sup>5</sup>

9. API Well No.

300250623500

10. Field and Pool, or Exploratory Area

Eocene Monument - GS

11. County or Parish, State

Lea County, NM

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.)\*

MI X RUSU.  
POH X PROD EQUIPMENT. LAY DOWN.  
LOAD HOSE X 9.5# MOD BRINE.  
RIH X CIBP, SA 3600'. CAP X 35' CMT.  
SPOT 100' CMT PLUG FROM 2650' TO 2750'. YL  
PERF BELOW SHOE AT 1231' X SET CMT PLUG 50' ABOVE/BELOW SHOE.  
SPOT 100' CMT PLUG FROM 1050' TO 1150'. SALT.  
SPOT 100' CMT PLUG FROM 188' TO 288'. SHOE.  
CAP X 10' CMT AT SURFACE.  
RD. MCSU.

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

Signed Lucia R. Wells

Title Asst. Administrative Analyst

Date 6/12/92

(This space for Federal or State office use)

Approved by David R. Glass

Title Asst. Administrative Analyst

Date 7-6-92

Conditions of approval, if any: