

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRI  
(Other instructive  
verse side)E-  
e-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-031736 (b)

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 type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	8. FARM OR LEASE NAME Gully B Sec 11
3. ADDRESS OF OPERATOR BOX 367, ANDREWS, TEXAS 79714	9. WELL NO. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL x 1650' FWL Sec. 22 (Unit C)	10. FIELD AND POOL, OR WILDCAT Emice-Monument GSA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 22-20-37 NMPM	12. COUNTY OR PARISH LEA
	13. STATE N.M.

## 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.)

WELL STATUS: TA

DATE OF STATUS: 1-64 SI, TA Jan 1969,

REASON: Uneconomical to produce.

PLANS: Review for workover or recompletion possibilities. If none, well P+A

DEC 2, 1975

PROJECTED DATE: July, 1975

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

SIGNED

L. J. Yorkum

TITLE ADMINISTRATIVE ASSISTANT

DATE OCT 29 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

NOV 1 1974

JIM SIMS

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

0-4- USGS-H

1- DIV  
1- SUSP  
1- RRY