

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICAS
(Other instructions on
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-031736(6)	
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 68, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL X 1980' FWL (Unit C, NE/4 NW/4)		8. FARM OR LEASE NAME Gillully B Federal	
14. PERMIT NO.		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3561' RDB		10. FIELD AND POOL, OR WILDCAT Eunice Monument GSA	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-20-37	
		12. COUNTY OR PARISH Lea	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCCL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) remedial work <input checked="" type="checkbox"/>	

(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.)

Ran gauge ring and CIBP. Set CIBP at 5600' and capped with 35' cement. Displaced hole to 5050' with GBW and pumped 25 sx class C cement. POH with tubing and tested casing to 1000 psi, tested OK. Perfed 3738'-55', 3856'-67', 3873'-76', 3883'-90', 3896'-99' and 3900'-10' w/2 SPF using a 3-1/8" gun. Ran packer and tubing, set packer set at 3590'. MOSU 8-14-84, began swab testing.

0+5-BLM, C 1-J. R. Barnett, HOU 21.156 1-F. J. Nash, HOU Rm. 4.206 1-GCC

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

SIGNED Harry C. Clark

TITLE Assist. Admin. Analyst

DATE 8-16-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY [Signature]
CONDITIONS OF APPROVAL [Signature]

TITLE

DATE

AUG 21 1984

*See Instructions on Reverse Side

RECEIVED

AUG 24 1984

C.C.B.
HOBBS OFFICE