

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)
COMMISSION

Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-031736(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS MEXICO 88240

(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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
P.O. BOX 68 HOBBS, NEW MEXICO 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FNL x 660' FNL
(UNIT D, NW/4, NW/4)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3560' RDB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Gully "B" Federal

9. WELL NO.
9

10. FIELD AND POOL, OR WILDCAT
Monument Paddock

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA
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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☒
(Other) Recompletion

(NOTE: Report results of multiple completion on Well Completion or Recombination 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.)*

MISU 7-31-85 and PDH. Ran CIBP on wireline and set at 6368'. Capped CIBP with 35' cement. Ran CBL from 6357'-4300'. Perforated paddock intervals 5136-39', 5144-66', 5174-80', 5190-5200', 5204-14' with 4SPF. RIH with 2 3/8" tubing and pin point injection packer with 5' spacing. Acidized each 5' interval with 500 gals 15% HCL. Reset packer at 5060' and acidized pipe with 1500 gals. 15% HCL. Flushed with 25 BFW 20% HCL. Swabbed 9BD. Acidized pipe with 5000 gals cross linked 20% HCL. Flushed with 23 BFW 20% HCL. Waited 2 hrs for break down. Swab tested. PDH and RIH with seating nipple, 2 3/8" tubing and landed at 5232'. MISU 8-9-85 and began pump testing. Pump tested 4 days, last 24 hrs, recovered: 060, 140W, 0MCF. Operations completed 8-18-85.

0 + 5 BLM, 1 - JRB, 1 - FJN, 1 - NLG,

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

SIGNED Charles M. Herring TITLE Administrative Analyst (SG) DATE 8-21-85

(This space for Federal or State office use)

APPROVED BY SWD TITLE SWD DATE 8-23-85
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side