

UNIT STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	8. FARM OR LEASE NAME Gillully "B" Federal
3. ADDRESS OF OPERATOR P.O. BOX 68 HOBBS, NEW MEXICO 88240	9. WELL NO. 10
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' FEL (UNIT B, NW14, NE14)	10. FIELD AND POOL OR WILDCAT Monument well & well Blinberry DHC
14. PERMIT NO. 3002520393	11. SEC., T., R., M., OR ALK. AND SURVEY OR AREA 22-20-37
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3549' RDB	12. COUNTY OR PARTIAL 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"/>	PULL 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)			

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 checked="" type="checkbox"/>
(Other) Acidize and DHC Full & Blinberry			

(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.) *

MISL 8-26-85 and killed well with 50 BFW 2% KCL. POH with rods, pump, & tubing. Drilled out cement and CIBP from 6335'-6386'. (Circulated hole clean). RIH with packer and set at 6349'. Acidized with 3000 gals 15% NEFE HCL and 107 ball sealers. Flushed with 28 BFW 2% KCL. Soabbed 15 hrs. POH. with packer and work string. Re-ran production equipment. Seating nipple landed at 6486'. MISL 9-13-85 and Pump tested. Operations completed 9-25-85. PAWD: 28 BOPD, 22 BWPD, and 27 MCFD.

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

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

SIGNED

[Signature]

TITLE Administrative Analyst (SG)

DATE 9-27-85

(This space for Federal or State office use)

APPROVED BY

[Signature]

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 30 1985

*See Instructions on Reverse Side

RECEIVED

OCT - 8 1985

O.C.C.
HOBBS OFFICE