

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**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

2. Name of Operator

AMOCO PRODUCTION COMPANY

3. Address and Telephone No.

P.O. BOX 68 HOBBS, NEW MEXICO 88240 (505)397-8200

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

660/8 & W Unit 7m  
Sec. 22, T-20-S, R-37-E

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

NM-62667

8. Well Name and No.

GILLULLY B FEDERAL #16

9. API Well No.

30-025-25603

10. Field and Pool, or Exploratory Area

EUMONT-SEVEN RIVER QUEEN

11. County or Parish, State

LEA COUNTY, NEW MEXICO

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.)\*

FLOW TESTED GAS, THROUGH PORTABLE TESTING EQUIPMENT, AT A REDUCED PRESSURE TO EVALUATE:  
WELL FOR GAS COMPRESSION EQUIPMENT. WELL WAS FLOWED AT APPROXIMATELY 20 PSI TO THE  
ATMOSPHERE FOR 24 HOURS, WITH THE GAS BEING FLARED: WELL WAS RETURNED TO NORMAL PRODUCTION  
STATUS AFTER TEST COMPLETED.

( SEE ATTACHED RESULTS )

RECEIVED  
OCT 21 8 33 AM '91  
CARSON RESOURCE  
AREA HEADQUARTERS

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

Signed STEVEN M. BISHOP

Title PROD. FOREMAN, AMOCO PROD. CO.

Date 10-17-91

(This space for Federal or State office use)

Approved by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Conditions of approval, if any:

RECEIVED

OCT 29 1991

OFF  
HOURS OFFICE