

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1421.

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-031736 (b)	
2. NAME OF OPERATOR Amoco Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer A, Levelland, Texas 79336		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' FSL x 660' FWL Sec. 22 (Unit M, SW4 SW4)		8. FARM OR LEASE NAME Gillully "B" Federal	
14. PERMIT NO.		9. WELL NO. 16	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3509.7 GR		10. FIELD AND POOL, OR WILDCAT Eumont Queen	
		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	<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)	<input type="checkbox"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

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

Moved in service unit 9/14/77. Perforated Grayburg 3876'-80', 3886'-92', 3898'-3902', 3909'-14', 3922'-38' with 2 JSPF. Acidized with 3000 Gal 15% NE Acid. Swab & test well. Test Results: 200 BW x No oil x trace of gas in 6 hours. Packer set at 3734 and perfs squeezed with 386 SX incor cement. Perforated queen 3527'-62' with 2 DPJSPF. Acidized with 3000 gal 15% DS-30 acid. Fraced with 8000 Gal CO<sub>2</sub> and 48,500 pounds of sand. Flushed with 4,000 gals KCL water. Swab and test well. Well completed 9/28/77 as a flowing gas well with a potential of 0 BOPD x 0 BWPD x 924 MCFD 24 Hrs.

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

SIGNED Ray W. Cox

TITLE Administrative Assistant

DATE 10-3-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

