

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

LC-031736 (b)

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		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Amoco Production Company		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P. O. Drawer A, Levelland, Texas 79336		8. FARM OR LEASE NAME Gillully "B" Federal
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, SW1/4 SW1/4)		9. WELL NO. 16
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Eumont Queen
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3509.7 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 22-20-37 NMPM
		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"/>	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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" 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) Spud <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.) \*

On 8/20/77 Cactus Drilling Co. (Rig #52) spudded 12½" hole at 8:00 PM. Drilled to TD of 1218' and set 8 5/8" 24# casing at 1218'. Cement with 500 sx class "C" Incor + additives and 100 sx Class "C" Incor + additives. Plug down at 4:45 PM 8/22/77 with 1000#. Circulate 225 sx. WOC 24 hrs. Test casing with 1000# for 30 min. Test ok.

Reduced hole to 7 7/8" and resumed drilling.

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

SIGNED Roy W. Cox TITLE Administrative Assistant DATE 9-1-77

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

0: 2 - USGS-H  
1 - Div.  
1 - Susp.  
1 - RC

\*See Instructions on Reverse Side

