

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGIC SURVEY
COPY TO O. C. G.

SUBMIT IN TRIPPLICATE*
(Other Instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
7. 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		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 R/A A	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL and 1650' FEL (Unit B, Sec 21)		9. WELL NO. 17	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Monument Tubb	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3522.1 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-20-37	
		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:

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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)		Completion	<input checked="" 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 6-8-78 and pulled rods and 2 3/8 tubing. Ran a Baker Model C retrievable bridge plug and tubing. Packer sat at 5631'. Tested bridge plug with 1000#. Pull tubing. Spotted 10 feet of sand on bridge plug. Perforated the Paddock zone 5130'-34', 5156'-62', 5168'-72', 5272'-75', 5303'-05', 5316'-21', 5326'-29', 5351'-54', 5414'-32', and 5462'-72' w/DPJSPF. Ran retrievable bridge plug, packer and 2 3/8 tubing. Set bridge plug at 5500'. Set packer at 5100'. Spotted 100 gallons of 15% acid across perfs 5414'-5432', 5462'-72'. Reset packer at 5375'. Pumped 4900 gallons of 15% FE acid and 70 ball sealers. Set packer at 5225' and pumped 520 gallons of 15% FE acid and 70 ball sealers. Unseated packer and spotted 150 gallons 15% FE acid across perfs 5272'-75', 5303'-05', 5316'-21', 5326'-29', and 5351'-54'. Pumped 3350 gallons 15% FE acid and 35 ball sealers. Unseated packer and lower tubing and reversed ball sealers off bridge plug. Bridge plug reset at 5200'. Spotted 100 gallons of 15% FE acid across perfs 5130'-34', 5156'-62', 5168'-72'. Set packer at 5100' and pumped 3400 gallons of 15% FE acid with 35 ball sealers. Pulled tubing and bridge plug. Ran 2 3/8 tubing, Baker Model R production packer, and 3 joints of tailpipe and reset bridge plug at 5216' with tailpipe set at 5185' and packer at 5091'. Rig down and move off service until 6-21-78. Move in swab unit 6-26-78. Swab tested well. Pull 2 3/8" tubing, packer and tail pipe. Run 2 7/8" tubing and set at 5189'. Moved out swab unit 6-30-78. Installed pumping unit 7-30-78. Pump tested. Well completed 7-30-78 as a pumping oil well. Potential test 17 BOPD x 620 BWPD - 24 hours.

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

SIGNED Ray W. Cox TITLE Administrative Supervisor DATE 8-4-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS-H
1-Div
1-Susp
1-RC

*See Instructions on Reverse Side

