

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

**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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR  
Amoco Production Company

3. ADDRESS OF OPERATOR  
P.O. Drawer "A", Levelland, TX 79336

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1930 FNL & 760' FEL, Sec 21  
AT TOP PROD. INTERVAL: (Unit H, SE/4, NE/4)  
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☐  
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☐  
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☐

5. LEASE  
LC-031737-b 031736(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Gillully B Federal

9. WELL NO.  
20

10. FIELD OR WILDCAT NAME  
Eunice Monument GSA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
21-20-37

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3513.5 GR

(NOTE: Report results of completion or zone change on Form 9-330.)

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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 2/28/79. Perforated interval 3635'-40' with 4 DPJSPF. Set bridge plug at 3702' and set tailpipe at 3671'. Spotted 100 gal 15% NE acid. Set packer at 3546' and set tailpipe at 3608'. Acidized with 900 gal 15% NE acid. Pulled tubing, packer, tailpipe, and bridge plug. Ran 2 7/8" tubing and set at 4218'. Ran rods and pump. Moved out service unit 3/2/79. Currently pump testing well.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Ray Cox TITLE Admin. Supervisor DATE March 7, 1979

(This space for Federal or State office use)

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

0+4-USGS,H  
1-Houston  
1-Susp  
1-RWA

\*See Instructions on Reverse Side

ACCEPTED FOR RECORD  
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