

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 ☒ gas ☐ other ☐
well well
2. NAME OF OPERATOR
Amoco Production Company
3. ADDRESS OF OPERATOR
P.O. Drawer "A", Levelland, Texas 79336
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 760' FWL, Sec 21
AT TOP PROD. INTERVAL: (Unit H, SE $\frac{1}{4}$, NE $\frac{1}{4}$)
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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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEA.
LC-031737-1 31736(1)
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 multiple completion or zone change on Form 9-330.)

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 12/26/78. Set cast iron bridge plug at 6375'. Cap with 35' cement. Perf 4224'-34' with 2 DPJSPF. Set tailpipe at 4234'. Packer set at 4224'. Acidized with 600 gallons 15% HCL Acid. Swab tested well. Ran rods and pump. Moved out service unit 12/30/78. Pump Tested Well.

Moved in service unit 1/29/79. Set cast iron bridge plug at 4214'. Perf 3854'-60' and 3865'-70' with 2 DPJSPF. Set tailpipe at 3832'. Packer set at 3696'. Acidized with 1000 gallons 15% NE acid. Tailpipe set at 3882'. Swab well. Installed pumping equipment. Moved out service unit 1/31/79. 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 February 22, 1979

(This space for Federal or State office use)

APPROVED BY _____
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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