

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

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

LC-031737 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Amoco Production Company		8. FARM OR LEASE NAME Gillully B Federal R/A A	
3. ADDRESS OF OPERATOR P.O. Drawer A, Levelland, Texas 79336		9. WELL NO. 20	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 760' FEL Sec 21 (Unit H SE $\frac{1}{4}$, NE $\frac{1}{4}$)		10. FIELD AND POOL, OR WILDCAT Monument Tubb	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-20-37	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3513.5 GR	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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Testing Cass Penn	<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 7-2-78. Ran correlation log. Found 24 ft. cmt above plug. PBTD 7737'. Run tbg and DC and bit and tag plug at 7737' and drill cement 7737' to 7761'. Test casing w/1000# for 30 min. Test OK. Pull tbg and DC and bit. Perforate 7745'-7751' w/4JSPF. Run 60' tailpipe and pkr and seating nipple and 2 3/8" tubing w/tailpipe set at 7755'. Spot acid across perfs and wash and soak. Raise tailpipe to 7735' and pkr to 7675. Pressure up on csg w/800# and acidize down tbg w/1000 gal 15% NE acid. Ran swab and swab dry. Recovered no gas or oil. Swab test and continued to swab dry.

Propose to P x A Cass Penn zone by setting CIBP at 7500' and cap w/35' cement. Perforate Tubb zone 6396'-6404', 6505'-6510', 6660'-6664', 6723'-6727', 6760'-6764', 6798'-6802', and 6888'-6892' w/2JSPF. Acidize perfs w/2000 gals 15% NE acid and evaluate.

RECEIVED

JUL 12 1978

U.S. GEOLOGICAL SURVEY
HOUSTON, NEW MEXICO

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

SIGNED Ray W. Cox TITLE Administrative Supervisor DATE July 11, 1978

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

0+4-USGS-H

1-Div
1-Susp
1-RC

TITLE _____

*See Instructions on Reverse Side

APPROVED

JUL 12 1978

JAMES F. SIMS
DISTRICT ENGINEER

RECEIVED

JUL 18 1978

COMMUNICATION COMM.
L. 103, N. M.