

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

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

LC-031737 (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, TX 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 1930' FNL & 760' FEL (Unit H, Sec. 21)		9. WELL NO. 20	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Cass Penn	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3513.5 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)	<input type="checkbox"/>		<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) Ran Production Casing	<input checked="" type="checkbox"/>		<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.)*

Drilled to TD of 7800' on 6-14-78. Set 5-1/2" 14# - 17# K-55 ST&C Casing at 7800' and cemented with 800 sacks Class C Cement, did not circulate. Plug down at 11:30 pm 6-14-78. Ran Temp Survey. Top of cement at 3280'. Rig released 1:00 am 6-15-78. Waiting on cement. Will pressure test casing when service unit moves in.

RECEIVED
JUN 21 1978
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED A. V. [Signature] TITLE Admin. Analyst DATE 6-20-78

(This space for Federal or State office use)

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

O&4-USGS-H
1-Div
1-Susp
1-AVH

*See Instructions on Reverse Side

DATE
ACCEPTED FOR RECORD
A. A. L.
JUN 21 1978
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO