

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Amoco Production Company</p> <p>3. ADDRESS OF OPERATOR P.O. Drawer A, Levelland, Texas 79336</p> <p>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)</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. LC-031736 (b)</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Gillully B Federal</p> <p>9. WELL NO. 20</p> <p>10. FIELD AND POOL, OR WILDCAT Cass Penn</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-20-37</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE NM</p>	
<p>14. PERMIT NO.</p>		<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3513.5 GR</p>	

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 checked="" type="checkbox"/>

(Other) Complete in Cass Penn rather than Tubb

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) (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.)*

PROPOSED CHANGE IN CASING AND CEMENTING PROGRAM

Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Quantity of Cement
17 1/2"	13 3/8"	48#	1200'	Circ. to surface
12 1/4"	8 5/8"*	24#	5100'	Circ. to surface
7 7/8"	5 1/2"	14#	7800'	Tie back to next string of casing

After reaching TD, logs will be run and evaluated. Perforate and/or stimulate as necessary in attempting commercial production.

Mud - 0' - 1200' - Native mud and fresh water
 1200' - 5100' - Brine water, native mud and sufficient commercial mud to maintain good hole conditions.
 5100' - 7800' - Cut brine water and commercial mud to maintain good hole conditions and obtain open hole logs.

*If waterflow or lost circulation is encountered 8 5/8" casing will be run. If not, no intermediate casing will be run.

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

SIGNED

TITLE Administrative Analyst

DATE 5-18-78

(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

APPROVED
 MAY 19 1978
 D. G. L.
 ACTING DISTRICT ENGINEER

APPROVED
DATE: 11/11/11
BY: [Signature]

11/11/11
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11/11/11