|  | COPY TO O. C. C.   |  |  |
|--|--|--|--|
| Form 9-331 U<br>(May 1963) DEPARTM   | Form approved.<br>Budget Bureau No. 42-R1424.<br>5. LEASE DESIGNATION AND SERIAL NO.<br>LC-031736 (b)              |  |  |
| SUNDRY NOTI<br>(Do not use this form for propose<br>Use "APPLICA   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME<br>7. UNIT AGREEMENT NAME   |  |  |
| OIL GAS WELL OTHER<br>2. NAME OF OPERATOR  | 8. FARM OB LEASE NAME<br>Gillully B Federal  |  |  |
| Amoco Production Comp.<br>3. ADDRESS OF OPERATOR<br>P.O. Drawer A, Levell  | 9. WELL NO.<br>19  |  |  |
| <ol> <li>LOCATION OF WELL (Report location cl<br/>See also space 17 below.)<br/>At surface<br/>1980' FNL &amp; 1980' FEL</li> </ol>  | 10. FIELD AND POOL, OR WILDCAT<br>Monument-Tubb<br>11. sec., t., r., m., or blk. and<br>SURVEY OR AREA<br>21-20-37 |  |  |
| 14. PERMIT NO.   | 15. ELEVATIONS (Show whether DF,<br>3510.2 GR  | RT, GR, etc.)  | 12. COUNTY OB PARISH 13. STATE<br>Lea NM   |
| 16. Check Ap   | propriate Box To Indicate N  | ature of Notice, Report, or C  | )ther Data   |
| FRACTURE TREAT<br>SHOOT OR ACIDIZE<br>REFAIR WELL<br>(Other) COMPLETE OF<br>DESCRIBE PROPOSED OR COMPLETED OF<br>proposed work. If well is direction<br>nent to this work.)* | PULL OR ALTER CASING<br>IULTIPLE COMPLETE<br>MEANDON*  | WATER SHUT-OFF<br>FRACTURE TREATMENT<br>BHOOTING OR ACIDIZING<br>(Other)<br>(Note: Report results<br>Completion or Recompl<br>details, and give pertinent dates,<br>ions and measured and true vertice |  |
| 12 1/4" 8  | Casing         Weight Perform           3/8"         48#           5/8"*         24#           1/2"         15.5#, | 1200'<br>3000'   | Depth Quantity of Cement<br>Circ. to surface<br>Circ. to surface<br>Tie back to 8 5/8" |
| After reaching TD, logs a<br>as necessary in attemptin<br>Mud - O' - 1200' - Native<br>1200' - 6700' - Brine<br>maint  | g commercial product<br>mud and fresh water  | ion.<br>t commercial mud to  | ate and/or stimulate   |
| *If waterflow or lost cir<br>If not, no intermediate c   |  | red 8 5/8" casing wi   | ll be run.   |
| 18. I hereby certify that the parokoling is<br>SIGNED Ale  | TITLE Adi  | ministrative Analyst   | DATE   |
| (This space for Federal or State office<br>APPROVED BY   |  | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>  | APPROVED   |
| 1-Div<br>1-Susp<br>1-RC  |  | on Reverse Side  | MAY 1 9 1978   |

NEW I ICO OIL CONSERVATION COMMISSION WELL LOCATION AND ACREACE DEDICATION PLAT

•

|   | NEW 1<br>WELL LO  |   | ACREAGE DEDIC                              |   | <ul> <li>Form C - 102</li> <li>Supersedes C-121</li> <li>Effective 1-1-65</li> </ul>         |
|---|---|---|--|---|--|
|   | All dist  | nces must be from   | the outer boundaries of                    | the Section                                     | •  |
| Operator  |   | Le  |  |   | Well No.   |
| and the second se | duction Co.   |   |  | "B" Fed.  | 19   |
| Unit Letter Section 2   | 1 20  | South   | Bange<br>37 East                           | County  |  |
| Actual Footage Location of<br>1980 feet   | trom the North  | line and  | 1980 tee                                   | t from the East                                 | line   |
| Ground Level Elev.<br>3510.2  | Producing Formation<br>TUBB   | Poo   | ONUMENT                                    |   | Dedicated Acreage:   |
|   | e lease is dedicated  | e subject well  | by colored pencil o                        | r hachure marks on th<br>ntify the ownership th | e plat below.<br>ereof (both as to working   |
| dated by commun<br>Yes If answer is ""no<br>this form if nece   | nitization, unitization<br>No If answer is "<br>o," list the owners an<br>ssary.) | , force-pooling.<br>'yes,'' type of co<br>id tract descript<br> | etc?<br>onsolidation<br>ions which have ac | tually been consolida                           | all owners been consoli-<br>ted. (Use reverse side of<br>nunitization, unitization,          |
| forced-pooling, o<br>sion.  | r otherwise) or until a   | non-standard un   | hit, eliminating suc                       | h interests, has been                           | approved by the Commis-<br>CERTIFICATION   |
|   |   | 980,  | ο<br>n                                     | tained her                                      | ertify that the information con-<br>ein is true and complete to the<br>knowledge and belief. |
|   |   |   |  | Amoeo Parte                                     | KATIVE ANALYST<br>LODUCTION COMPANY<br>8-78  |
| WELL NOS. 17<br>Share Dedicat   |   | EG. PR  | TATE ON SURVEYOR                           | shown on t<br>notes of a<br>under my s          |  |
|   |   |   | AN W. WEST                                 | Date Surveye<br>Registered F<br>and/or Land     | rofessional Engineer<br>Surveyor   |