

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THE MANNER
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-035334

6. IF INDIAN, KLOTTER OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bunnel "A" Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Undesignated

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec 14, 19-S, 31-E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Gulf Oil Corporation

3. ADDRESS OF OPERATOR

Box 670, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FM & WL, Section 14, 19-S, 31-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3539' OL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

11,410' TD, 5353' PB.

Pulled tubing and packer. Set CI BP at 11,150' and capped with 1-1/2 sack of cement. Calculated PB at 11,140'. Cut and recovered 5-1/2" casing from 9908'. Loaded hole with mud. Spotted 20 sack cement plug at 9943 to 9843', across 5-1/2" casing stub at 9908'; 30 sack plug at 5438' to 5338'. Ran 7-7/8" bit and tagged top of cement plug at 5353'. Ran 163 joints and 1 cut joint, 5327' of 5-1/2" 15.50# J-55 casing set and cemented at 5346' with 150 sacks of Class C cement. Temperature survey indicated top of cement at 4577'. WOC 24 hours. Tested casing with 1000#, 30 minutes, OK. Perforated 5-1/2" casing with 2, .47" shots per foot at 5234' to 5244'. Ran Quiberson packer on 2-3/8" tubing and set packer at 5184'. Swabbed and tested. Acidized with 500 gallons of 15% NE acid and frac treated with 2000 gallons of gel water and 5000 gallons of gel water containing 3# SPG. Flushed with 34 barrels of gel water. Maximum pressure 4000#, minimum 3800#, ISIP 1200#, after 15 minutes 1100#. AFR 15 bpm. Swabbed and tested. No indication of commercial production. Will consider P & A.

RECEIVED

APR 22 1970

RECEIVED

APR 16 1970

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

ORIGINAL SIGNED BY

SIGNED C. D. BORLAND

TITLE Area Production Manager

DATE April 15, 1970

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES

APR 21 1970
Date

ACTING District Engineer

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for special instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not seen by cementing or otherwise; depths (top and bottom) and method of placement of cement plugs; and other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

U.S. GOVERNMENT PRINTING OFFICE: 1965 O-685229

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
WELL ABANDONMENT SURVEY
2-ABANDONMENT NOTICES AND REPORTS ON WELLS

THIS FORM IS TO BE FILLED OUT BY THE OPERATOR OF A WELL TO BE ABANDONED. IT IS TO BE SUBMITTED TO THE BUREAU OF LAND MANAGEMENT, U.S. DEPARTMENT OF THE INTERIOR, WASHINGTON, D.C. 20540, AND TO THE STATE OFFICE OF LAND MANAGEMENT, IF THERE IS ONE, IN THE STATE WHERE THE WELL IS LOCATED. IT IS TO BE SUBMITTED TO THE BUREAU OF LAND MANAGEMENT, U.S. DEPARTMENT OF THE INTERIOR, WASHINGTON, D.C. 20540, AND TO THE STATE OFFICE OF LAND MANAGEMENT, IF THERE IS ONE, IN THE STATE WHERE THE WELL IS LOCATED, WITHIN 90 DAYS OF THE DATE OF COMPLETION OF THE ABANDONMENT OPERATIONS.

1. NAME OF OPERATOR: _____

2. NAME OF WELL: _____

3. LOCATION OF WELL: _____

4. DATE OF ABANDONMENT: _____

5. REASON FOR ABANDONMENT: _____

6. DEPTH OF WELL: _____

7. DEPTH OF CEMENT PLUG: _____

8. DEPTH OF TUBING: _____

9. METHOD OF PARTING OF CASING, LINER OR TUBING: _____

10. AMOUNT, SIZE, METHOD OF PARTING OF CASING, LINER OR TUBING: _____

11. METHOD OF CLOSING TOP OF WELL: _____

12. DATE WELL SITE CONDITIONED FOR FINAL INSPECTION: _____

13. SIGNATURE OF OPERATOR: _____

14. TITLE OF OPERATOR: _____

15. COMPANY NAME: _____

16. ADDRESS: _____

17. CITY: _____

18. STATE: _____

19. ZIP CODE: _____

20. TELEPHONE: _____

21. FAX: _____

22. E-MAIL: _____

23. OTHER INFORMATION: _____

24. COMMENTS: _____

25. SIGNATURE OF BLM REPRESENTATIVE: _____

26. TITLE OF BLM REPRESENTATIVE: _____

27. DATE OF SIGNATURE: _____

28. OFFICE: _____

29. DISTRICT: _____

30. REGION: _____

31. NATIONAL OFFICE: _____

32. BUREAU OF LAND MANAGEMENT: _____

33. U.S. DEPARTMENT OF THE INTERIOR: _____

34. WASHINGTON, D.C. 20540: _____

35. ACTED BY: _____

36. DATE: _____

37. APPROVED BY: _____

38. DATE: _____

39. 494

40. 1070

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