

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 12-11421

C/SF

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 057510	
2. NAME OF OPERATOR Gulf Oil Corporation		6. IF INDIAN, ALLOTTEE OF TRIBE, NAME MAR 12 1982	
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		7. UNIT AGREEMENT NAME O. C. D. ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FWL		8. FARM OR LEASE NAME Bate Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3594' GL		10. FIELD AND POOL, OR WILDCAT Und. Shugart y. SR. Q-G	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11-T19S-R31E	
		12. COUNTY OR PARISH Eddy	
		13. STATE NM	

18. 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)	<input checked="" type="checkbox"/> Perfd, Aczdz, Sqzdz, Perfd,		<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.)

Perf 3546-50', 3698-3702', 3794-98', 3874-78', 3945-49' with (1) 1/2" JHPF. Straddle acidize each set with 700 gals 15% NEFE HCL. ISIP 1000#, avg pres 2920#, AIR 1 BPM. GIH with production equipment, pump and rods. Test pump, no oil or gas. POH with production equipment, rods and pump. Set CIBP at 3350', test 500#. Perf 2605-07', 2667-69', 2758-60', 3100-02', 3138-40', 3206-08' with (2) 1/2" JHPF. Straddle acidize 2605-3208' with 400 gals 15% NEFE HCL per set. Avg pres 3800#, AIR 1.5 BPM, ISIP 1450#. Swab, no oil or gas. Work performed 2-2-82 thru 2-21-82.

RECEIVED
FEB 24 1982OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED R.D. PitzerTITLE Area EngineerDATE 2-23-82

(This space for Federal or State office use)

ROGER A. CHAPMAN

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 26 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side