

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
DRAWER DD
NM 88210

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen wells on a public or private reservation.
Use "APPLICATION FOR PERMIT" for such wells.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	RECEIVED BY MAR 25 1985 O. C. D. ARTESIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM 11038
2. NAME OF OPERATOR Gulf Oil Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL + 330' FWL		8. FARM OR LEASE NAME Booth "BP" Fed.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2902.7' GL	9. WELL NO. 3
		10. FIELD AND POOL, OR WILDCAT Brushy Draw Delaware
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec 23-26S-29E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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 pertinent to this work.)

Well will be drilled to 6200' instead of 5100' as indicated on APD of 2-2-85. This well will still be completed in Brushy Draw Delaware.

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

SIGNED

[Signature]

TITLE

AREA ENGINEER

DATE

3-20-85

(This space for signature of State or Federal Representative)

APPROVED BY

Area Manager

TITLE

AREA MANAGER

CARLSBAD RESOURCE AREA

DATE

3-22-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side