

|                        |                                     |
|------------------------|-------------------------------------|
| NO. OF COPIES RECEIVED |                                     |
| DISTRIBUTION           |                                     |
| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
| U.S.G.                 | <input type="checkbox"/>            |
| LAND OFFICE            | <input type="checkbox"/>            |
| OPERATOR               | <input checked="" type="checkbox"/> |

SANTA FE, NEW MEXICO 87501

JAN 14 1985

|                                                                                                      |
|------------------------------------------------------------------------------------------------------|
| 5a. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br><u>K-997</u>                                                         |
| 7. Unit Agreement Name                                                                               |
| 8. Farm or Lease Name<br><u>Edley "BO" State</u>                                                     |
| 9. Well No.<br><u>DB 09</u>                                                                          |
| 10. Field and Pool, or Wildcat                                                                       |
| 12. County<br><u>San Juan</u>                                                                        |

## 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" (FORM C-101) FOR SUCH PROPOSALS.)

|                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <u>Research Core Well</u>                                                                          |
| 2. Name of Operator<br><u>Gulf Oil Corp.</u>                                                                                                                                                              |
| 3. Address of Operator<br><u>P. O. Box 670, Hobbs, NM 88240</u>                                                                                                                                           |
| 4. Location of Well<br>UNIT LETTER <u>P</u> <u>297</u> FEET FROM THE <u>South</u> LINE AND <u>1280</u> FEET FROM<br>THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>20S</u> RANGE <u>31E</u> N.M.P.M. |

13. Elevation (Show whether DF, RT, GR, etc.)

3378.1 GLE

16.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                       |                          |
|-----------------------|--------------------------|
| PERFORM REMEDIAL WORK | <input type="checkbox"/> |
| TEMPORARILY ABANDON   | <input type="checkbox"/> |
| PULL OR ALTER CASING  | <input type="checkbox"/> |

|                  |                          |
|------------------|--------------------------|
| PLUG AND ABANDON | <input type="checkbox"/> |
| CHANGE PLANS     | <input type="checkbox"/> |

|                            |                                     |
|----------------------------|-------------------------------------|
| REMEDIAL WORK              | <input type="checkbox"/>            |
| COMMENCE DRILLING OPNS.    | <input type="checkbox"/>            |
| CASING TEST AND CEMENT JOB | <input checked="" type="checkbox"/> |
| OTHER                      | <input type="checkbox"/>            |

|                      |                          |
|----------------------|--------------------------|
| ALTERING CASING      | <input type="checkbox"/> |
| PLUG AND ABANDONMENT | <input type="checkbox"/> |

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5 1/2" 14 # K55 ST+C set @ 2562 cmt w/ 400 SX Class "C"  
w/ 8 #/SX soft & 1/4 #/SX Hard & 1/4 #/SX NOT plug. Displace 3 1/2  
BBC cmt locked up. Drill out cmt from CSG - TSTOC 1300'.  
Perf 5 1/2" CSG @ 1280' w/ 5 HPE. Cmt to surface w/ 400 SX  
Class "C" w/ 3 1/2 CCLH CIRC 148 SX.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED

J. M. Matthews

TITLE

AREA DRUG SUPT

DATE

12-5-84ORIGINAL SIGNED  
BY LARRY BROOKS  
GEOLOGIST - NMCD

TITLE

DATE

DEC 19 1984APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY: