

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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 or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND AERIAL NO. <i>SE 1/4 Sec 17 T1N R10E</i>
2. NAME OF OPERATOR <i>Gulf Oil Corp.</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P. O. Box 670, Hobbs, NM 88240</i>	7. UNIT AGREEMENT NAME <i>Unit A 7115</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface <i>1900 Feet + 100 FEET</i>	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. <i>151</i>
15. ELEVATIONS (Show whether DP, ST, CR, etc.) <i>6169' ST</i>	10. FIELD AND POOL, OR WILDCAT <i>Oil - same as lease</i>
	11. SEC., T., R., W., OR S.E. AND SURVEY OR AREA <i>Sec 35-36-13-1</i>
	12. COUNTY OR PARISH 13. STATE <i>Lincoln NM</i>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
FRACURE TREAT	MULTIPLE COMPLETION	FRACURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other) <i>TA</i>	
(Other)		(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).*

*Drill 1" Borehole at 1000' in old mid foot line hole
along road apt 2905' to 1st hole - 2905' - 2905'
TA 2-20*

RECEIVED

MAR 26 1985

OIL CON. DIV.
DIST. 3

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

SIGNED *RD Pate*

TITLE *AREA ENGINEER*

DATE

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAR 27 1985

FARMINGTON RESOURCE AREA

BY *JH*

*See Instructions on Reverse Side

NMOCC