

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL.  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-062368

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

West Dollarhide Dev. Unit

8. FARM OR LEASE NAME

9. WELL NO.

116

10. FIELD AND POOL, OR WILDCAT

Dollarhide Devonian

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

Sec 5, 25-S, 38-E

12. COUNTY OR PARISH 13. STATE

Lea

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' FSL & 660' FEL, Section 5, 25-S, 38-E

14. PERMIT NO.

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

3134' GL

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\* ☐

Well Status Report.

(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 last produced in 1971. Is not producing at this time pending outcome of study being conducted to expand injection.

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

SIGNED

*[Signature]*

TITLE

Area Engineer

DATE

October 16, 1974

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED  
OCT 18 1974

ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side