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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
27197

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. OIL WELL GAS WELL OTHER

7. Unit Agreement Name
W. Kollarhide

2. Name of Operator
Gulf Oil Corp.

8. Farm or Lease Name
Acorn Unit

3. Address of Operator
P. O. Box 670, Hobbs, NM 88240

9. Well No.
121

4. Location of well
UNIT LETTER C 1295 FEET FROM THE North LINE AND 1150 FEET FROM
THE West LINE, SECTION 33 TOWNSHIP 24S RANGE 33E N.M.P.M.

10. Field and Pool, or Wildcat
Acorn Unit

15. Elevation (Show whether DF, RT, GR, etc.)
3187' EL

12. County
Lea

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"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <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.

ID 4200' @ 8:00 P.M., 9-9-84. RV + ran 50' to 71' cut it 87" 24# + 32# 4-55 cut @ 4200' cut @ 11:50 A.M., 9-10-84. Cased 26' cut. Plug dn @ 11:50 A.M., 9-10-84. Cased 26' cut. It 149 1500 psi - OK.

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

SIGNED JR Matthews TITLE AREA DATA SUFF DATE 9-18-84

APPROVED BY Oil & Gas TITLE _____ DATE SEP 20 1984

CONDITIONS OF APPROVAL, IF ANY: