

N. M. OIL CONS. COMMISSION

P. O. BOX 1989

HOBBS, NEW MEXICO 88240

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE (Other Instructions on Form RECEIVED)

Form 9-311 (May 1963)

Form approved. Budget Bureau No. 42-R1

LEASE DESIGNATION AND SERIAL NO.

LC-032573-B

IF INDIAN, ALIQUOT 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.)

AUG 25 10 55 AM '83

ROSWELL DISTRICT

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Gulf Oil Corporation

3. ADDRESS OF OPERATOR  
P. O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
660' FNL + 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)  
3446' DF

7. UNIT AGREEMENT NAME  
J. Barou Kelly Unit

8. FARM OR LEASE NAME

9. WELL NO.  
152

10. FIELD AND FOOT, OR WILDCAT  
Penrose Kelly

11. SEC., T., R., M. OR BLC. AND SURVEY OR AREA  
Sec 7-T225-R37E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) _____	(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 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.)

POH of production eqpt. Set RBP @ 2560', test RBP @ 500#.  
 Cap RBP w/10' frac sd. Perf @ 1100' w/4) 1/2" 90° JH.  
 Establish injection rate + pressure. Set cmt retainer @ 1000', test tbg 3500#. Imp 400 sv Class "C" w/490 gel + CaCl<sub>2</sub> plus 200 sv Cl "C" mat. Squeeze 500#.  
 Drill cmt + cmt retainer. Wash sand off RBP + POH. GIH of production tbg + pkr, set pkr @ 3360' + 3400'. Run rods + pmp. Hang well on.

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

SIGNED R. D. Pite TITLE: Area Engineer DATE: 8-23-83

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

AUG 29 1983

**RECEIVED**

**AUG 31 1983**

**O.C.D.  
HOBBS OFFICE**