

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		RECEIVED MAR 23 1979 O. C. C. ARTERIA, OFFICE	5. LEASE DESIGNATION AND SERIAL NO. NM-15670
2. NAME OF OPERATOR GULF OIL CORPORATION			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME Cardenas Federal Com
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1680' FNL & 1980' FWL		9. WELL NO. 1	10. FIELD AND POOL, OR WILDCAT Burton Flat Morrow
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3228' GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29-T20S-R38E	12. COUNTY OR PARISH Eddy
		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 COMPLETE <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 type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Recondition Morrow Zone	<input checked="" type="checkbox"/>	(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.)*

Pull straddle tools. Set cmt retainer 11,075'. Squeeze perfs 11,116' - 11,237' w/150 sx class "H" cmt plus .6% Halide 22. Reverse out excess cmt. WOC minimum 24 hrs. Drill out retainer & cmt. Test squeezed perfs to 3000 PSI for 30 min. Spot acid from 11,324' - 11,250'. Perforate 11,287-91', 11,306-10', 11,320-24' w/2 JHPF. Set pkr @ 11,245'. Swab & test. Acidize if necessary w/6600 gal 7 1/2% Morrow type acid w/750 SCF N₂ per bbl acid and divert with 7/8" RCNB's.

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

SIGNED *N. B. Sikes, Jr.* TITLE Area Engineer DATE 3-19-79

(This space for Federal or State office use)

APPROVED BY *Lee H. Lara* TITLE ACTING DISTRICT ENGINEER DATE MAR 22 1979

CONDITIONS OF APPROVAL, IF ANY: