

(May 1)

N. M. O. &amp; G. 6894

DE

DEPT. OF THE INTERIOR (Water Side)

## GEOLOGICAL SURVEY

U. S. DESIGN

NM-06766

## 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 <input type="checkbox"/> <u>Water Injection Well</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR <u>Gulf Oil Corporation</u>		7. UNIT AGREEMENT NAME <u>No. Hackberry Yates Unit</u>
3. ADDRESS OF OPERATOR <u>Box 670, Hobbs, N.M. 88240</u>		8. FARM OR LEASE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>940' FSL 1725' FWL Section 24-198-30E</u>		9. WELL NO. <u>113</u>
14. PERMIT NO.		10. FIELD AND POOL, OR WHOLE <u>No. Hackberry Yates Seven</u>
15. ELEVATIONS (Show whether DF, AT, GR, etc.) <u>9263' OL</u>		11. SEC., T., R., M., OR L.L.K. AND RIVERS SURVEY OR AREA <u>Sec. 24-198-30E</u>
		12. COUNTY OR PARISH <u>Eddy</u>
		13. STATE <u>N.M.</u>

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) <u>Converted to water injection</u>	
(Other) <input 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.)\*

1956' PB. Ran 4 1/2" x 2-3/8" Guiberson window type packer and 56 jts 2-3/8" OD 4.70 plastic coated tubing. Set packer at 1752'. ☒ Closed in pending start of water injection.

*Filled annulus with treated water*

Will advise date water injection commences.

*fs 1789 - 1903*

RECEIVED

JUL 12 1968

O. C. C.  
ARTESIA, OFFICE

RECEIVED  
JUL - 8 1968  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

*[Signature]*

TITLE

Area Production Manager

DATE

7-5-68

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

APPROVED  
JUL 11 1968

*[Signature]*  
R. L. BELLIAMAN  
ACTING DISTRICT ENGINEER