orm 9-3 May 1963)	MED STA DEPARTMENT OF THE GEOLOGICAL	Œ Miller.	Other lastruction on verse side)	re Budget No. 2004 50. 121-05765
SUN (Do not use thi	NDRY NOTICES AND F s form for proposals to drill or to c Use "APPLICATION FOR PEXM	REPORTS	WELLS the to a different reservoir.	6. IF INDIAN, ALLOTTEE On TRICE NAME
OIL GAS			,	7. UNIT AGREEMENT NAME
WELL I WELL . NAME OF OPERATOR	U other Water Injec		, 1 -	No. Hackberry Mades Unit
Gulf Gil Co.		Y		9. WELL NO.
P. O. Dom 670, Hobbs, N.M. 68240				103
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface				10. FIELD AND POOL, OR WILDOW  NO. Hackberry Yates Goven  11. Sec., T., R., M., OR BUX, AND STEVEY OR AREA  7.4 v
2310' FNL 1	980' FWL Section 24-19	72 <b>-</b> 202		Sec. 24-193-30E
4. PERMIT NO.	15. ELEVATIONS (	Show whether DF, R	r, GR, etc.)	12. COUNTY OR PARISH 13. STATE
		SSEET CE		H.H.
6.	Check Appropriate Box	To Indicate Ma	ture of Notice, Report,	or Other Data
NOTICE OF INTENTION TO:			sui	BSEQUENT REPORT OF:
TEST WATER SHUT	-OFF PULL OR ALTER CAS	91NG	WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLET	TE	FRACTURE TREATMENT	ALTERING CASING ABANDONMENT®
SHOOT OR ACIDIZE	ABANDON* CHANGE PLANS		(Other) CONVE	ext to Water Injection W
REPAIR WELL (Other)	CHANGE FLANS		(Nonn. Poport vo	sults of multiple completion on Well completion Report and Log form.)
	date water injection		annulus wir	
	•		RECEIV	ED JUL 3 300 SURVEY
			JUL 1 2 1966 ARTEBIA, OFFICE	
S. I hereby certify th	at the foregoing is true and correct			ger DATE 7-5-68
SIGNED	- 10/01/2012	TITLE	Spedention Manag	DATE 1
(This space for Fe	deral or State office use)			
20(1)	FPROVAL, UF ANY:	TITLE		DATE
101 11 19 19 19 19 19 19 19 19 19 19 19 19	68/			
	4,	•	on Reverse Side	