MINUCC COPY Form 9-331 (May 1963) UNITED STATES SUBMIT IN TRIPLICATE\*
DEPARTMENT OF THE INTERIOR (Other instructions on re-UNITED STATES feronge mio Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. GEOLOGICAL SURVEY NM-014103 6. IF INDIAN, ALLOTTEE 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 parts 15. C E V E D 7. UNIT AGREEMENT NAME WELL WELL WE'L X OTHER FFB 1 6 1979 NAME OF OPERATOR 8. FARM OR LEASE NAME GULF OIL CORPORATION Littlefield "AB" Federal 9. WELL NO. ADDRESS OF OPERATOR O. C. C. P. O. Box 670, Hobbs, New Mexico 88240 LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.) 88240 TESIA, OFFICE 7 10. FIELD AND POOL, OR WILDCAT At surface Shugart (Y - SR- Q - G)

11. SEC., T., B., M., OR BLK. AND
SURVEY OR AREA 1650' FSL & 610' FWL Sec 22, T-18S, R-31E 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 12. COUNTY OR PARISH 13. STATE 3645' GL New Mexico 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF REPAIRING WELL PRACTURE TREAT MULTIPLE COMPLETS FRACTURE TREATMENT ALTERING CASING SHOOT OR ACIDIZE ABANDON\* SHOOTING OR ACRUZING ABANDONMENT\* (Other) Inspected & Filled Cellar CHANGE PLANS REPAIR WELL (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)\* Piped valves off each casing string above ground level. Inspected by

Byrd Jones with U. S. Geological Survey, 2-12-79. Filled cellar, 2-13-79.

FEB151070 U.S. CHELTE MA STAR

8. I hereby certify that the foregoing is true and correct		
SIGNED 11. S. Siker S.	TITLE Area Engineer	DATE 02-13-79
	The state of the s	
(This space for Federal or State office use)		
APPROVED BY SOL SI SALA	TITLE ACTING DISTRICT ENGINEER	DATE FEB 1 5 1979
CONDITIONS OF APPROVAL, IF ANY:		•