

Form 9-331
May 1963UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved
Budget 301 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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-025778	
2. NAME OF OPERATOR GULF OIL CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME MAR 3 1980	
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, NM 88240		7. UNIT AGREEMENT NAME O.C.D.	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 990' FWL		8. FARM OR LEASE NAME Keohane et al and Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3636' GL		10. FIELD AND POOL, OR WILDCAT North Shugart Atoka	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 21-T18S-R31E	
		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) P&A Morrow & acidz Atoka			<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.)*

11,983' TD. POH w/tbg. Set CIBP @ 11,500'. Dumped 35' cmt on top of plug - new PBTD 11,465'. Acidz Atoka zone w/acid & alcohol mix (4000 gals 7½% HCL & 1000 gals alcohol). Ppd 3000 gals mix, dropped (10) 7/8" RCNBs. Ppd 2000 gals mix & flush w/fresh 2% KCl wtr w/2 gals per 1000 gals FR-24 & 1 gal per 1000 gals 14-N. Acid & alcohol mix contained 5 gals per 1000 gals 14-N; 2 gals per 1000 gals HAI-50; 2 gals per 1000 gals FR-24. Max pres 6600# @ 6.2 BPM; min pres 6200# @ 7.2 BPM; avg rate 6.7 BPM. ISDP 3000#; after 5 min 0#. Swabbed & tested. Well flowed 378 MCF, no fluid, in 24 hours. Returned to production as single completion in North Shugart Atoka zone.

Work performed 1-28-80 through 2-25-80.

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

SIGNED N. B. Sikes, Jr.TITLE Area EngineerDATE 2-27-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: