Drawer DD		<b>T</b>	A.F		Budget But	
Form 3140 Hasia Nu 98210	UI ED STA	TES IF INTER!	SUBMIT IN (Other instri	uction a re-		igust 31, 1985
	TMENT OF TH			1	A / A /	n /. /7 / /.
	EAU OF LAND MA				B. IF INDIAN. ALL	OTTER OR TRIBE NA
MAR 19 1950 NDRY NO	OTICES AND R	EPORTS C	ON WELLS			
(Do not use this form for pro	posals to drill or to de	eepen or plug ba T—" for such pr	ack to a different re ropossis.)	eservoir.		
<del></del>			······································		T. DHIT AGREEMS	NT HAME
ARTESIA OFFICE					71. AUCK	luring
2. NAME OF OPERATOR			· · · · · · · · · · · · · · · · · · ·	1	B. FARM OR LEAS	E MAME
Gulf Oil Corp.		*				
ADDRESS OF OPERATOR				. 0	. WBLL NO.	·
P. O. Box 670, Hobbs	s, NM 88240				119	
L. LOCATION OF WELL (Report location See also space 17 below.)	n clearly and in accord	lance with any	State requirements.		10. FIELD AND PO	OL, OR WILDCAT
* - * - * - * - * - * - * - * - * - * -	-10-11			Z	7. Hacklu	essy gate
15851 FSL + 98	25' FWN		~	1	BURYNY OR	
130919					log. 21/-1	195-30F
4. PERMIT NO.	15. ELEVATIONS (S	how whether DF,	, RT, GR, etc.)		12. COUNTY OF P	ARISH 18. STATE
it. Frient No.		48.31G		. 1	Eddy	カカ
					2	
6. Check	Appropriate Box T	o. Indicate N	lature of Notice,	Report, or Oth	ner Data	
NOTICE OF INT	TENTION TO:		1	AUBSEQUEN	T ESPOST OF:	
TEST WATER SHUT-OFF	PULL OR ALTER CASI	NO O	WATER SHUT	-099	REPAIR	LING WELL .
FRACTURE TREAT	MULTIPLE COMPLETE	:	FRACTURE TR	EATMENT	ACTER	ING CABING
SHOOT OR ACIDIZE	ABANDON®		SHOOTING OR	ACIDIZING	ABAND	ONMENT.
REPAIR WELL	CHANGE PLANS		(Other)			
REPAIR WELL		1 1	I (NOTE	: Report results or	multiple comple	enon on wen
(Other)  7. DESCRIBE PROPUSED OR COMPLETED Of proposed work. If well is dirent to this work.)	OPERATIONS (Clearly st ectionally drilled, give	ate all pertinent aubsurface locat	Comple	nestingnt dates in	cluding estimate	d date of starting
(Other)  7. DESCRIBE PROPOSED OR COMPLETED of proposed work. If well is directly the complete of the complete	OPERATIONS (Clearly st ectionally drilled, give	ate all pertinent subsurface locat	Comple	nestingnt dates in	cluding estimate	d date of starting
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(Other)  7. DESCRIBE PROPUSED OR COMPLETED Of proposed work. If well is dirent to this work.)	g is true and correct	subsurface locat	Comple	etion or Recompleti pertinent dates, in and true vertical of	cluding estimate depths for all m	ed date of starting arkers and sones p
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(Other)  7. UPSCRIBE PROPOSED OR COMPLETED of proposed work. If well is directly near to this work.)  Oug Cellar.  8. I hereby certify that the forestip signed with the forestip signed of the proposed of th	g is true and correct office use)	TITLE	Complet details, and give itions and measured	oc/NEER	cluding estimate depths for all m	ed date of starting arkers and sones p