

Form 9-311
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1121

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 ☒ GAS WELL ☐ OTHER ☐	RECEIVED BY
2. NAME OF OPERATOR Gulf Oil Corporation	OCT 03 1984
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240	O. C. D. ARTESIA OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2482' FSL + 64' FEL	

5. LEASE DESIGNATION AND SERIAL NO. NM 06765
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME D. Hackberry 2pts
8. FARM OR LEASE NAME Admitt
9. WELL NO. 120
10. FIELD AND POOL, OR WILDCAT D. Hackberry 2pts
11. SEC. T. R. M. NAME AND SURVEY OR AREA Sec 23-T19S-R30E
12. COUNTY OR PARISH Eddy
13. STATE NM

14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, CR, etc.) 3247.7' GL
----------------	--

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) <u>Casing</u>	☐
(Other)	☐		☐
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETION	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANS	☐		☐

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.)

Cactus spudded 12 1/4" hole @ 9:00 P.M., 9-19-84. TD 610' @ 5:30 A.M., 9-20-84. RU + ran 24 jts + 1 cut jt 8578" csg. set @ 610'. Cmt w/ 400 24 CL "CaCl₂. Did not circ. Plug dn @ 9:45 A.M., 9-20-84. Sag cmt @ 61'. Cmt w/ 50 24 CL "meat. Witnessed by John Wade (BFTM). Del cmt. 1st BOP 1000# - OK.

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

SIGNED

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL

TITLE

TITLE

DATE

DATE

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side