

OCT 04 1984

TRIPlicate
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 06765

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 proposals.)

1.

OIL ☒ GAS ☐
WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Gulf Oil Corporation

3. ADDRESS OF OPERATOR

P. O. Box 670, Hobbs, NM 88240

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

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, ST, CR, etc.)

3247.7' GL

7. UNIT AGREEMENT NAME

Hackberry Gates Unit

8. WELL NO.

120

10. FIELD AND FOOT, OR WILDCAT

Hackberry Gates

11. SEC. T. R. M. OR R. & B. SURVEY OR AREA

bc 23-T195-R30E

12. COUNTY OR PARISH 13. STATE

Eddy NM

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recommendation 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.)

TD 2003' @ 1:45 A.M., 9-23-84. RU+han 49 jts + 1 cut jt 5 1/2" 15.5# K-55 ST+C, set @ 2003'. Cmt w/ 450 cu Gulfmix + 200 cu cl "C" CaCl₂. Circ 100 cu. Plug dr @ 8:45 A.M., 9-24-84. Witnessed by Pete Heimz (BHM). Press csg. to 1500 psi - OK.

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

SIGNED

APY Matthews

TITLE

AREA DRUG SUPT

DATE

10-1-84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL

EWQ

OCT 21 1984

TITLE

DATE

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side