

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

M-03215-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Seven Rivers Hills Unit "Com"

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WHDCAT

Seven Rivers Hills - Morrow

11. SEC., T., R., E., OR B&K. AND
SURVEY OF AREA

Gas

Sec 4, 21-S, 25-E

12. COUNTY OR PARISH 13. STATE

Eddy

New Mexico

1. OIL ☐ GAS ☒ OTHER ☐2. NAME OF OPERATOR
Gulf Oil Corporation3. ADDRESS OF OPERATOR
Box 670, Hobbs, New Mexico 882404. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FWL & 830' FWL, Section 4, 21-S, 25-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3304' OL

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

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Form 9-331 dated October 5, 1969 and approved October 7, 1969 stated our proposed plans to plug and abandon subject well. This will not be done by Gulf. Well has been sold to Continental Oil Company. and is to be operated as a salt water disposal well under B&K SURV NMA 11832.

RECEIVED

MAY 7 - 1970

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

RECEIVED

MAY 15 1970

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

ORIGINAL SIGNED BY

SIGNED R. L. BEEKMATITLE Area Production Manager

(This space for Federal or State office use)

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

TITLE

R. L. BEEKMA

*See Instructions on Reverse Side

