

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instruction. n re-verse side)

Form approved.
Budget Bureau 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"/>		RECEIVED		6. LEASE DESIGNATION AND SERIAL NO. NM-0338758
2. NAME OF OPERATOR Gulf Oil Corporation ✓		JUN 18 1974		7. UNIT AGREEMENT NAME Springs Unit Federal
3. ADDRESS OF OPERATOR Box 670, Hobbs, New Mexico 88240		D. C. C. OFFICE		8. FARM OR LEASE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FN & EL, Section 34, 20-S, 26-E		ARTESIA, OFFICE		9. WELL NO. 1
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3221' G		10. FIELD AND POOL, OR WILDCAT Springs Upper Penn.
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 34, 20-S, 26-E
				12. COUNTY OR PARISH Eddy
				13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Closed in Report	(Other) <input checked="" type="checkbox"/>
(Other) <input 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.)*

Subject well uneconomical to produce at this time. To be carried as closed in.

RECEIVED

JUN 13 1974

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

[Signature]

TITLE Area Engineer

DATE June 11, 1974

(This space for Federal or State office use)

TITLE

Subject to well status report every six months

DATE

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

JUN 17 1974

H. L. BEEKMAN

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side