

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-14124

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Marquardt Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

White City Penn

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 1, T-25-S, R-26-E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL ☐ WELL GAS ☒ 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

1650' FNL & 1650' FNL

14. PERMIT NO.

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

3326' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Filled Cellar

(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.)*

Piped valves off each casing string above ground level.
Filled cellar - 2-26-79.

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

SIGNED

TITLE Acting Area Engineer

DATE 2-27-79

(This space for Federal or State office use)

APPROVED BY

TITLE ACTING DISTRICT ENGINEER

DATE MAR 13 1979

CONDITIONS OF APPROVAL, IF ANY: