

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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"/>		MAR 23 1979		5. LEASE DESIGNATION AND SERIAL NO. NM-14124	
2. NAME OF OPERATOR GULF OIL CORPORATION		O. C. C.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL & 1650' FWL				8. FARM OR LEASE NAME Marquardt Federal	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3326' GL		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	

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"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other) Change from 2-7/8" tbg to 2-3/8" tbg & run isolation packer	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE 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.*

11,670' TD

11,617' PB.

Propose to change out 2-7/8" treating tubing for 2-3/8" production tubing and run isolation packer above 5" liner to isolate suspected liner leak.

RECEIVED

MAR 14 1979

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED <u>J. P. Sikorsky</u>	TITLE <u>Area Engineer</u>	DATE <u>3-7-79</u>
(This space for Federal or State office use)		
APPROVED BY <u>J. A. J. Lora</u>	TITLE <u>ACTING DISTRICT ENGINEER</u>	DATE <u>MAR 21 1979</u>
CONDITIONS OF APPROVAL, IF ANY:		