

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved  
Budget Bureau No. 42-10124

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                                                                        |  | 7. UNIT AGREEMENT NAME                                                |  |
| 2. NAME OF OPERATOR<br>Gulf Oil Corporation                                                                                                                    |  | 8. FARM OR LEASE NAME<br>Marquardt Federal                            |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 670, Hobbs, NM 88240                                                                                                       |  | 9. WELL NO.<br>4                                                      |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>760' FSL & 1980' FWL |  | 10. FIELD AND FOOT, OR WILDCAT<br>White City Penn <del>NOT PENN</del> |  |
| 14. PERMIT NO.                                                                                                                                                 |  | 11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA<br>Sec 1-T25S-R26E       |  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3315' GL                                                                                                     |  | 12. COUNTY OR PARISH<br>Eddy                                          |  |
|                                                                                                                                                                |  | 13. STATE<br>NM                                                       |  |

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

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | FULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      |                          |

SUBSEQUENT REPORT OF:

|                       |                          |                 |                                     |
|-----------------------|--------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/>            |
| FRACTURE TREATMENT    | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/>            |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT*    | <input checked="" type="checkbox"/> |
| (Other) Gas Connected |                          |                 |                                     |

(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 and 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.)

On Line to El Paso at 11:00 A.M., 1-24-83 at 511 MCF/D.

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

SIGNED R. P. Rite

TITLE Area Engineer

DATE 2-4-83

(This space for Federal use only)

ACCEPTED FOR RECORD

APPROVED BY

CONDITIONS OF APPROVAL FEB 14 1983

TITLE

DATE

MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side