

C/S 7

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form 9-311
(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 11038

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 purposes.)

RECEIVED

1. OIL WELL GAS WELL OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Culf Oil Corporation ✓

MAR 18 1983

8. FARM OR LEASE NAME

Booth "BP" Federal

3. ADDRESS OF OPERATOR
P. O. Box 670, Hobbs, NM 88240

O. C. D.
ARTESIA, OFFICE

9. WELL NO.

1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
990' FNL & 660' FEL

10. FIELD AND POOL, OR WILDCAT

Wildcat Cherry Canyon

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

Sec 23-T26S-R29E

14. PERMIT NO.

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

2957' GL

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"/>	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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Placed on Production</u>	<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.)*

The above well was placed in a producing status 2-15-83. The allowable will be effective as of 2-5-83.

RECEIVED

MAR 16 1983

MINERALS MANAGEMENT SERVICE
ARTEZIA, NEW MEXICO

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

SIGNED R. D. Pitzer TITLE: Area Engineer DATE: 3-15-83

ACCEPTED FOR RECORD

(This space for Federal or State office use)
APPROVED BY MAR 17 1983 TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: _____

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side