

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-1147
6. LEASE DESIGNATION AND SERIAL NO.

NM 11038

7. UNIT AGREEMENT 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 proposals.)

1. OIL ☒ GAS ☐ WELL ☐ OTHER ☐

AUG 04 1983

2. NAME OF OPERATOR
Gulf Oil Corporation

O. C. D.
ARTESIA, OFFICE

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

8. FARM OR LEASE NAME

Booth "BP" Federal

9. WELL NO.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

10. FIELD AND TOWN OR LOCAT
Brushy Draw Delaware

11. SEC. T. R. M. OR ALK. ADD
SURVEY OR AREA

990' FNL & 660' FEL

Sec 23-T26S-R29E

14. PERMIT NO.

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

2957' GL

12. COUNTY OR PARISH

Eddy

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

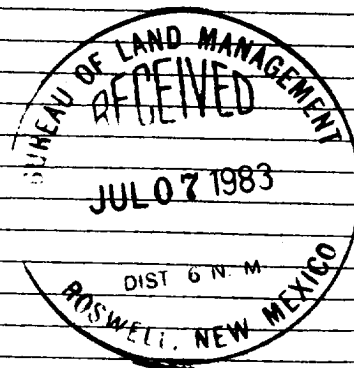
REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)

Cap CIBP @ 3290' with 35' cement. Set CIBP @ 3075', test casing 500#. Cap CIBP @ 3075' with 35' cement. Displace casing with abandonment mud. Spot 100' plug 2400'-2300' and 383'-283'. Spot 50' surface plug. Install dry hole marker. Clean and clear location as required.



NOTIFY BLM (ARTESIA) 24 HOURS BEFORE COMMENCING WORK

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

SIGNED

Janal J. Turner

TITLE

Area Engineer

DATE

7-5-83

(This space for Federal or State use)

APPROVED BY

CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

AUG 1983