

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form Approved
Budget Bureau No. 42-111

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 ☐ 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
1524' FNL + 1874' FEL
14. PERMIT NO.
15. ELEVATIONS (Show whether OF, RT, CR, etc.)
6959' GL

5. LEASE DESIGNATION AND SERIAL NO.
NM 38584
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FIELD OR LEASE NAME
Gulf Canyon Fed State Deep Unit
9. WELL NO.
10. FIELD AND FOOT, OR WILDCAT
Wildcat Miss
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
bc26-T23N-R6W
12. COUNTY OR PARISH
Andover NM

RECEIVED
DEC 18 1983
BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐	WATER SHUT-OFF	☐
		FRACTURE TREATMENT	☐
		SHOOTING OR ACIDIZING	☐
		(Other) <u>Casing (Liner)</u>	☒
		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.)

11-19-83 RU + ran 33 jts 7" 26# J+L 95 liner, set @ 7600' top @ 6232'. Cont w/ 116 cu ft @ "H" Gulf mix + 590 cu ft @ "H" w/ .5% fluid loss additive plus 1/4% retarder. Drilled 50' cement and clean out to top of liner and tested to 2000# OK.

RECEIVED
DEC 19 1983

OIL CON. DIV.
DIST

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

SIGNED M. J. Attkus TITLE AREA DRUG SUPT DATE 12-8-83
(This space for Federal or State office use)
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

DEC 16 1983