

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPL
(Other instructions
verse side)39
re-Form Approved
Budget Bureau No. 42 R1424
5. LEASE DESIGNATION AND SERIAL NO.

LC-067771-A

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 proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Gulf Oil Corporation

3. ADDRESS OF OPERATOR

Box 670, Hobbs, New Mexico 88240

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

660' FNL & 1980' FWL, Section 11, 9-S, 36-E

14. PERMIT NO.

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

4051' GL

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

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) Acidized

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)*

9728' PB.

Treated Allison Abo perforations 8970' to 8990' with 1500 gallons of 15% NE acid. Flushed with 5 barrels of water. Maximum pressure 0#, AIR 1.7 BPM. Treated Allison Penn open hole interval 9760' to 9728' with 2000 gallons of 15% NE acid. Flushed with 10 barrels of water. Maximum pressure 0#, AIR 2 BPM. Swabbed and cleaned up and returned well to production.

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

SIGNED

D. F. Berlin

TITLE Area Engineer

DATE January 30, 1976

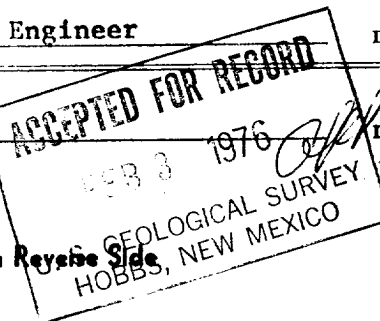
(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE



*See Instructions on Reverse Side