

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

W. M. OIL CONS. COMMISSION  
SUBMIT IN TRIP  
BOOK 4900  
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 54026
2. NAME OF OPERATOR Gulf Oil Corp.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL + 1980' FWL	8. FARM OR LEASE NAME E. White Ranch Prop'
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT Charles S. E. Queen
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14-13S-30E
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE Charles' NM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3926' GL	

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.) \*

POH w/ pkv + thg. Set CIBP @ 2300', test 500#. Circ hole w/ abandonment mud. Cap CIBP w/ 25 cu cmt. Spot 25 cu cmt 1498'-1398'. Spot 27 cu cmt 95'-surf. Install dry hole marker. Clean + clear loc. P+A 4-28-85.

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

SIGNED

*R. D. Pitts*

TITLE

AREA ENGINEER

DATE

5-13-85

(This space for Federal or State office use)

APPROVED BY

APPROVED

TITLE

DATE

CONDITIONS OF APPROVAL

PETER W. HENDER

MAR 3 1986

\*See Instructions on Reverse Side

BUREAU OF LAND MANAGEMENT  
RESERVOIR RESOURCE AREA