

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN _____
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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.)		5. LEASE DESIGNATION AND SERIAL NO. NM 015072
1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Proposed Salt Water Disposal		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR Union Oil Company of California		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 671 - Midland, Texas 79701		8. FARM OR LEASE NAME Gulf Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FEL		9. WELL NO. 1
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Morton Wolfcamp
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4054' GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T-15S, R-34E
12. COUNTY OR PARISH Lea		13. STATE N.M.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input checked="" type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.)*

See attached Summary of Work Performed

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

SIGNED

TITLE **District Drilling Supt.**

DATE **June 11, 1974**

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUN 14 1974

U. S. GEOLOGICAL SURVEY
SIOBBS, NEW MEXICO

*See Instructions on Reverse