		M. M. UIL LUN). Cummi3 310r		Form ones and	
Form 3160-5 (November 1983)	UN D STA	PEG FOX 101	SUBMIT IN TRIPL	E•	Form approved. Budget Bureau No. 1	004-0135
	PARTMEN: OF TH		A verse side)	7e- 5. L	Expires August 31. 1	BRIAL NO.
	BUREAU OF LAND MA				NM 25877	
SUNDRY	NOTICES AND RI	eports on	WELLS		INDIAN, ALLOTTEE OR T	BIBE NAME
Use "	or proposals to drill or to de APPLICATION FOR PERMIT	epen or plug back '—" for such propo	to a different reservoir. sais.)			
OIL GAS IX		•		7. U	HIT AGREEMENT NAME	
2. NAME OF OPERATOR	OTHER				••	
Gulf Oil Corp.				8. P.	THE OR LEASE NAME	
3. ADDRESS OF OPERATOR		<u> </u>		9. W	rdiner Fed	Com
P. O. Box 670, Ho Location of Well (Report lo See also space 17 below)	obbs, NM 88240				/	
See also space 17 below.) At surface	cation clearly and in accorda	ince with any Stat	e requirements.*	10. 1	TELD AND POOL, OR WILD	CAT
1980'FSL+1	1980' FWL			7), 3	SURVEY OR AREA	<u>w</u>
14. PERMIT NO.	15 8 8 8 8 8			lon	,33-18S-321	C .
	15. BLEVATIONS (Sh	ow whether DF, RT, 6		12. c	OUNTY OR PARISH 13.	TATE
16.	1 4				Lea 14	17n
Che	eck Appropriate Box To	Indicate Natur	e of Notice, Report,	, or Other [)ata	
NOTICE 6	F INTENTION TO:			UBSEQUENT RE		
TEST WATER SHUT-OFF FRACTURE TREAT	PULL OR ALTER CASING	·	WATER SHUT-OFF		REPAIRING WELL	
SHOOT OR ACIDIZE	MULTIPLE COMPLETE ABANDON*		FRACTURE TREATMENT		ALTERING CASING	
REPAIR WELL	CHANGE PLANS		SHOOTING OR ACIDIZING (Other)	·	ABANDONMENT*	
(Other) PB & Repos	Merron	Z	(NOTE: Report r	esults of mult	ciple completion on Welleport and Log form.)	
17. DESCRIBE PROPUSED OR COMPLE proposed work. If well is nent to this work.)	ten operations (Clearly state directionally drilled, give sul	all pertinent deta	ilis, and give pertinent	dates, including	g estimated date of sta	irting any
0 1 1	,			vertical depth	s for all markers and go	nes perti-
POH W prod	act Set c	IBP a 1	2815 Can	1/15/	cont 1+	_
ACIRP IDOD	O. Carlos	-	21.5.0°, (up)	475	M. St	<u> COG</u> _
<u> </u>	2. Tet 12 6/0	<u>2-12, 12, 0</u>	015-19, 126	26-34	12,638-41	, 0
12678-80' 12.685	5-2P1 1/1Q1 TY	1 1100	17/60. 1.	12 15		1
. 	200 09 00 01	1. (1C2- 14	17/270 die	NENE	FE. Sun	ll, and
tisi			• • • • •			
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		3 70				
	MAR.					
	0. 0.					
	- T. 197					
		-				-
3. I hereby certify that the tolego						
(VOXI)	ing is true and correct	APTI				
SIGNED VOCUM		rle <u> </u>	ENGINEE	K DA	TE 4-26-85	•
(This space for Erderal or State	e office use)					
APPROVED BY	TIO	rle		_	THE 5-185	5
CONDITIONS OF APPROVAL,	LF ANY:			DA	TE	

*See Instructions on Reverse Side