N. M. OIL COMS. COMMISSION P. O. BOX 1980 HOBBS, NEW MEXICO 8824

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Form 9-331 (May 1963) DEPA	UNITED STATES	SUBMIT IN TRIBLE (Other Instructions (ERIOR verse side)	CATE Form approved.
	GEOLOGICAL SURVE	Υ	ALLOW HOU BERIAL NO.
SUNDRY N	OTICES AND REPOR	TC ON METERS	NM 21171
(Do not use this form for Use "Al	proposals to drilt or to deepen or PLICATION FOR PERMIT—" for	ID ON WELLS plug back to a different reservoir. such proposals.)	G. IF INDIAN, ALLOTTEE OR TRIBE NAM
WE'L WELL X OTI	I FR		7. UNIT AGREEMENT NAME
Gulf Oil Corporati			G. FARM OR LEASE NAME
ADDRESS OF OFERATOR	on ·	•	Federal Com "4" Con
P. O. Box 670, Hob	ba NM Gooda		9. WELL NO.
LOCATION OF WELL (Report loca	bs, NM 88240 tion clearly and in accordance with		1
At surface	-	r hay State requirements.	10. FIELD AND POOL, OR WILDCAT
			Bone Springs
1980' FEL	& 1980' FWL		11. SEC., T., R., M., OR RLK, AND BURVEY OR AREA
PERMIT NO.	15. ELEVATIONS (Show wheth	ner DF, RT, GR, etc.)	Sec 4-T19S-R32E
	3660'		12. COUNTY OR PARISH 13. STATE
Charl			Lea NM
. Check	Appropriate Box to Indica	te Nature of Notice, Report,	or Other Data
	NTENTION TO:		JUSEQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TEXATMENT	REPAIRING WELL
RIIOOT OR ACIDIZE	ABANDON⊕	SHOOTING OR ACIDIZING	ALTERING CASING
REPAIR WELL	CHANGE PLANS	(Other)	ABANDONMENT · X
(Other)		()	completion Report and Completion on Well
proposed work. If well is dinent to this work.) *	OUTERATIONS (Clearly state all perfectionally drilled, give subsurface	lnent details, and give pertinent clocations and measured and true v	esuits of multiple completion on Well completion Report and Lug form.) lates, including estimated date of starting any ertical depths for all markers and zones perti-
casing. Spot 7t sac sack plug at 4125'	ke plus 56551 ceres	8500', test casing ont over CIBP. Cut c. Spot 35 sack plug t 4156'. Spot 10 saccation. P&A 9-6-82.	asing at 5605', pull
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		<i>'-</i> '	10 130Z
	. •		Oil & GAS
			U.S. GEOLOGICAL COPUS.
			ROSWELL, NEW MEXICO
	•		
hereby certify that the foregoing	true and correct		
GIGNED /	it.	A	
This same 4	TITLE	Area Engineer	DATE9-15-82
This space for Federal or State of	ದ்ce use)		
PPROVED BY	_		
CONDITIONS OF APPROVAL, IF	ANY:		DATE