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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ For ☐
5. State Oil; 6. Gas Lease No.
LG 4226

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator <u>Gulf Oil Corp.</u>	8. Farm or Lease Name <u>Loc "XA" State</u>
3. Address of Operator <u>P. O. Box 670, Hobbs, NM 88240</u>	9. Well No. <u>2</u>
4. Location of Well UNIT LETTER <u>M</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>18S</u> RANGE <u>34E</u> N.M.P.M.	10. Field and Pool, or Wildcat <u>Travis Box Spring</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4091' GL</u>	12. County <u>Lea</u>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

TD 2970' @ 9:00 A.M. 7-25-84. Log. RU + 400 yds + 1 cut ft
5 1/2" CG 15.5 # + 17 # K-55 LT+C, set @ 2970' DV @ 6661'
Cmt 1st str up 100 yds cl "C" + 800 yds cl "C" drilled. Plug in
@ 2:54 A.M. 7-27-84. Circ 84. at thru DV tool. Cmt 2nd str
up 350 yds cl "H" drilled + 900 yds cl "H" drilled. Plug down @ 9:10 A.M.
7-28-84. Imp. cement top of cmt @ 3910'.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED [Signature] TITLE AREA DRILL SUPT DATE 8-1-84

ORIGINAL SIGNATURE OF OPERATOR

DISTRICT SUPERVISOR

TITLE

DATE

AUG - 3 1984

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY: