

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.

Budget Bureau No. 42-R1421.

2. LEASE DESIGNATION AND SERIAL NO.

NM 40456

9. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back in a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)1. OIL ☒ GAS ☐
WELL ☒ WELL ☐ OTHER ☐2. NAME OF OPERATOR
Gulf Oil Corporation3. ADDRESS OF OPERATOR
P. O. Box 670, Hobbs, NM 882404. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

2310' FNL + 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, CR, etc.)

3911.5' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sprinkle "B" Fed

9. WELL NO.

10. FIELD AND TOOL OR WILDCAT

Hud's Bone Spring

11. SEC., T., R., M., OR ALK. AND
SURVEY OR AREA

Sec 1-T18S-R32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Cactus spudded 17 1/2" hole @ 10:00 P.M., 9-28-84. Oil to 456'.
RH + ran 9 jts + 1 cut jt 133/8" 48# H-40 ST+C, set @ 456'.
Cmt. w/ 500 sl Cl "C" CaCl₂ Circ 148 sl to surf. Cmt job
witnessed by Larry w/ BLM. 1st csq. to 1000 psi, ok.
Oil cmt.

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

SIGNED

J. W. Matthews

TITLE AREA DRUG SUPT

DATE 10-9-84

(This space for Federal Use Only)

APPROVED BY

CONDITIONS OF APPROVAL IF ANY
OCT 10 1984

TITLE

DATE

Caledon

NEW MEXICO

*See Instructions on Reverse Side