

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS NOTICES

Submit this notice in TRIPLICATE to the District Office, Oil Conservation Commission, before the work specified is to begin. A copy will be returned to the sender on which will be given the approval, with any modifications considered advisable, or the rejection by the Commission or agent, of the plan submitted. The plan as approved should be followed, and work should not begin until approval is obtained. See additional instructions in the Rules and Regulations of the Commission.

Indicate Nature of Notice by Checking Below

NOTICE OF INTENTION TO CHANGE PLANS		NOTICE OF INTENTION TO TEMPORARILY ABANDON WELL		NOTICE OF INTENTION TO DRILL DEEPER	
NOTICE OF INTENTION TO PLUG WELL		NOTICE OF INTENTION TO PLUG BACK	<input checked="" type="checkbox"/>	NOTICE OF INTENTION TO SET LINER	
NOTICE OF INTENTION TO SQUEEZE		NOTICE OF INTENTION TO ACIDIZE		NOTICE OF INTENTION TO SHOOT (Nitro)	
NOTICE OF INTENTION TO GUN PERFORATE	<input checked="" type="checkbox"/>	NOTICE OF INTENTION (OTHER) <b>Frac Treat</b>	<input checked="" type="checkbox"/>	NOTICE OF INTENTION (OTHER)	

OIL CONSERVATION COMMISSION  
SANTA FE, NEW MEXICO

**Hebbs, New Mexico**  
(Place)

**May 17, 1955**  
(Date)

Gentlemen:

Following is a Notice of Intention to do certain work as described below at the **J. H. Day**

**Gulf Oil Corporation**  
(Company or Operator)

Well No. **2** in **1** (Unit)

**1/4** of Sec. **36**, T. **22-S**, R. **36-E**, NMPM, **Jalnat (Oil)** Pool  
(40-acre Subdivision)

**Lea** County.

FULL DETAILS OF PROPOSED PLAN OF WORK  
(FOLLOW INSTRUCTIONS IN THE RULES AND REGULATIONS)

Propose to plug back to shut off water, perforate and frac treat as follows:

1. Pull packer and tubing.
2. Run Gamma Ray Neutron Survey.
3. Plug back with hydramite to a point determined from Gamma Ray Neutron Survey.
4. Perforate interval in 5-1/2" casing as determined from Gamma Ray Neutron Survey.
5. Treat perforations with 5000 gallons acid frac, 1# sand per gallon.
6. Swab and test well.

Approved....., 19.....  
Except as follows:

Approved  
OIL CONSERVATION COMMISSION

By *[Signature]*

Title.....

**Gulf Oil Corporation**  
Company or Operator

By *[Signature]*

Position **Area Supt. of Prod.**

Send Communications regarding well to:

Name **Gulf Oil Corporation**

Address **Box 2167, Hebbs, N. M.**

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