

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	H. N. OIL CO. COMMISSION	7. UNIT AGREEMENT NAME <i>Eynice Monument</i>
2. NAME OF OPERATOR Gulf Oil Corp.	P. O. BOX 670 HOBBS, NEW MEXICO 88240	8. FARM OR LEASE NAME -
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		9. WELL NO. 356
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL + 660' FWL		10. FIELD AND POOL, OR WILDCAT <i>Eynice Monument</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	11. SEC., T., R., N., OR BLK. AND SURVEY OR AREA <i>Sec 14-215-36E</i>
		12. COUNTY OR PARISH <i>La</i>
		13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANE ☐	(Other) ☐	

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

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.)*

Csg valves have been inspected.

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

SIGNED *R. D. White* TITLE *AREA ENGINEER* DATE *5-1-85*

(This space for Federal or State office use)

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF **ACCEPTED FOR RECORD**

[Signature]

MAY 3 1985 *See Instructions on Reverse Side

REC'D 20

MAY 8 1985

HOBBY OFFICE