

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		N. M. OIL CONS. COMMISSION P. O. BOX 1980 HOBBS, NEW MEXICO 88240	
2. NAME OF OPERATOR Gulf Oil Corporation			
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240			
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3440' GL	
		12. COUNTY OR PARISH Lea	13. STATE NM

5. LEASE DESIGNATION AND SERIAL NO.
LC-032573-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
S. Penrose Skelly Unit

8. FARM OR LEASE NAME

9. WELL NO.
154

10. FIELD AND POOL, OR WILDCAT
Penrose Skelly

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 7-T22S-R37E

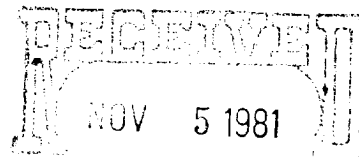
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Re-Open & Test Pump TA zone</u>	<input checked="" type="checkbox"/>

(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.)*

POH with tubing and packer. Drill out CIBP and clean out hole to 3697'; cannot go any further. Pumped 500 gals 15% NE HCL & GKF. Swab. Open to test tank. GIH with 2-3/8" tubing, set at 3638'. Ran rods and pump. Spaced out rods. Complete after re-opening and test pumping TA zone 10-25-81.



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED R.D. Pitter TITLE Area Engineer

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD 11-3-81

NOV 20 1981
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO