N. M. OIL CONS. CC SION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 9-331
(May 1963)

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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-033706-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL [XX] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: S. Penrose Skelly Unit

2. NAME OF OPERATOR: Gulf Oil Corporation

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: P. O. Box 670, Hobbs, NM 88240

9. WELL NO.: 181

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 660' FSL & 1980' FWL

10. FIELD AND POOL, OR WILDCAT: Penrose Skelly

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 8-T22S-R37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3418' GL

12. COUNTY OR PARISH: Lea

13. STATE: NM

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 PLANS	[ ]				
(Other) Pressure Test Casing			[X]	(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.)*

Set CIBP at 3475', test CIBP and casing 500#. If pressure does not hold, set packer at 3425'. Test tubing 2000#. Test CIBP 500#. Pressure tubing-casing annulus 500#. Locate and isolate all leaking intervals. POH with tubing and packer.

JUN 2 1983
OIL & GAS
ROSWELL, NEW MEXICO

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

SIGNED R D Ritz TITLE Area Engineer DATE 5-27-83

APPROVED

(This space for Federal or State office use)

APPROVED (Orig Sgd) PETER W. CHESTER TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

JUN 28 1983

*See Instructions on Reverse Side