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LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☐	Fed ☒
5. State Oil & Gas Lease No.	

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-		7. Unit Agreement Name
2. Name of Operator Gulf Oil Corp.		8. Farm or Lease Name Hugh
3. Address of Operator P. O. Box 670, Hobbs, NM 88240		9. Well No. 9
4. Location of Well UNIT LETTER <u>G</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>14</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Blindbury
15. Elevation (Show whether DF, RT, GR, etc.) 3334' GL		12. County Lea

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

NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	OTHER ☒ TA Breakard, Recomplete Blindbury

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1503.

POH w/ thg. Set CIBP @ 6230'. Perf 5588-90', 5622-24', 5662-64', 5682-84', 5711-13', 5774-76', 5802-04', 5828-30' w/ 1 1/2" JHPF. Set CIBP to 1000#-OK, test csg. to 1000#-OK. Spot 300 gal 15% NEFE 5830'-5588'. Acq. w/ 8000 gal 15% NEFE, 70 RCNB's. AIR 6.4 BPM, ISIP 1600#, AP 5600#. Swab. Frac w/ 64,000 gal gel, 96,000# 20/40 sand + 28 RCNB's. AIR 12 BPM, ISIP 1700#, AP 4000#. Swab. G/H w/ prod thg to 5854'.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED RDP Pite TITLE AREA ENGINEER DATE 7-30-84

APPROVED BY ORIGINAL SIGNED BY JERRY W. HARRIS TITLE DISTRICT SUPERVISOR DATE AUG - 1 1984

CONDITIONS OF APPROVAL, IF ANY: