

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-1112  
5. LEASE DESIGNATION AND SERIAL NO.

LC-030187

6. IF INDIAN, ALLOTTEE OR TRIBE MAN

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND TOWN, OR WILDCAT

11. SEC. T. R. M. OR ALK. AND SURVEY OR AREA

12. COUNTY OR PARISH 13. STATE

Lea NM

## 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 ☒ GAS ☐ WELL ☐ OTHER ☐

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

2310' FSL + 2310' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, AT, OR, ETC.)

3272' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 and 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 up thg. Dril cmt 551'-685'. Tag CIBP @ 3473'. Circ hole clean. GIN up open-ended thg. Displace hole w/ abandonment mud. Spot 50 cmt on CIBP @ 3475'. Spot 50 cmt @ 700'. Tag cmt 307'. Spot 50' surf plug. Wellhead flange left on well for possible re-entry at later date. Clean + clear loc. Federal representative on loc. P+H 12-1-83.

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

SIGNED

R. D. Pate

TITLE

Area Engineer

DATE

2-17-84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

8-11-86

DATE \_\_\_\_\_

NAME \_\_\_\_\_

RECEIVED  
AUG 14 1986  
D.C.C.  
HOBBS OFFICE