Form 9-331 (May 1963)	UNI ) STATES EPARTMENT OF THE INTE GEOLOGICAL SURVEY	SUBMIT IN TRIPLI R (Other Instructions re RIOR verse side)	5. DEADE DESIGNATION AND SERIAL SO. NM-0349956 LC 06236		
	Y NOTICES AND REPORTS  of for proposals to drill or to deepen or plus  of "APPLICATION FOR PERMIT—" for such		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
OIL GAS WELL 2. NAME OF OPERATOR	7. UNIT AGREEMENT NAME OLIAPHIDE Devonian Unit 8. FARM OR LEASE NAME				
Gulf Oil Corpora 3. ADDRESS OF OPERATOR	9. WELL NO.				
Box 670 Hobbs					
Box 670, Hobbs,  1. Location of Well (Report See also space 17 below.)	11.7 10. FIELD AND POOL, OR WILDCAT				
At surface  O' FSL & 660' FWL, Section 4, 25-S, 38-E			Dollarhide Devonian  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA		
14. PERMIT NO.	15. BLEVATIONS (Show whether	•	Sec 4, 25-S, 38-E 12. COUNTY OR PARISH 13. STATE		
		3148' GL	Lea New Mexico		
16.	Check Appropriate Box To Indicate	3148' GL Nature of Notice, Report, or G	Lea New Mexico Other Data		
16. (NOTIC	Check Appropriate Box To Indicate of Intention to:	3148' GL Nature of Notice, Report, or G	12. COUNTY OR PARISH 13. STATE  Lea New Mexico		
NOTIC TEST WATER SHUT-OFF	Check Appropriate Box To Indicate  B OF INTENTION TO:  PULL OR ALTER CASING	Nature of Notice, Report, or C  SUBSEQ  WATER SHUT-OFF	Lea New Mexico Other Data		
16. (NOTIC	Check Appropriate Box To Indicate  B OF INTENTION TO:  PULL OR ALTER CASING MULTIPLE COMPLETE	Nature of Notice, Report, or C  SUBSEQ  WATER SHUT-OFF  FRACTURE TREATMENT	12. COUNTY OR PARISH 13. STATE  Lea New Mexico  Other Data  Quent report of:  REPAIRING WELL  ALTERING CASING		
16.  NOTIC  TEST WATER SHUT-OFF  FRACTURE TREAT	Check Appropriate Box To Indicate  B OF INTENTION TO:  PULL OR ALTER CASING	Nature of Notice, Report, or C  SUBSEQ  WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING	Lea New Mexico  Other Data  REPAIRING WELL  ALTERING CASING ABANDONMENT*		
16.  NOTIC  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE	Check Appropriate Box To Indicate  E OF INTENTION TO:  PULL OR ALTER CASING  MULTIPLE COMPLETE  ABANDON*	Nature of Notice, Report, or C  SUBSEQ  WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Plugged back	12. COUNTY OR PARISH 13. STATE  Lea New Mexico  Other Data  QUENT REPORT OF:  REPAIRING WELL  ALTERING CASING  ABANDONMENT*		
16.  NOTICE TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROPOSED OR COM-	Check Appropriate Box To Indicate  E OF INTENTION TO:  PULL OR ALTER CASING  MULTIPLE COMPLETE  ABANDON*	Nature of Notice, Report, or C  SUBSEQ  WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Plugged back (Note: Report results Completion or Recomp	12. COUNTY OR PARISH 13. STATE  Lea New Mexico  Other Data  DUENT REPORT OF:  REPAIRING WELL  ALTERING CASING  AHANDONMENT*  C.  S of multiple completion on Well  letton Report and Log form.)		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROPOSED OR COM proposed work. If well nent to this work.)*	Check Appropriate Box To Indicate  B OF INTENTION TO:  PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	Nature of Notice, Report, or C  SUBSEQ  WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) Plugged back (Note: Report results Completion or Recomp	12. COUNTY OR PARISH 13. STATE  Lea New Mexico  Other Data  DUENT REPORT OF:  REPAIRING WELL  ALTERING CASING  AHANDONMENT*  C.  S of multiple completion on Well  sletion Report and Log form.)		
16.  NOTICE  TEST WATER SHUT-OFF  FRACTURE TREAT SHOOT OR ACIDIZE  REPAIR WELL  (Other)  17. DESCRIBE PROPOSED OR COM  Proposed work. If well  nent to this work.)*  2 PB, 8570 TD.	Check Appropriate Box To Indicate  B OF INTENTION TO:  PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS  PLETED OPERATIONS (Clearly state all pertin is directionally drilled, give subsurface to	Nature of Notice, Report, or C  SUBSEQ  WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING  (Other) Plugged back (Note: Report results Completion or Recompleted and true vertices)	Lea New Mexico  Other Data  DUENT REPORT OF:  REPAIRING WELL ALTERING CASING AHANDONMENT*  Sof multiple completion on Well Detion Report and Log form.)  i, including estimated date of starting any call depths for all markers and zones perti-		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROPOSED OR COM Proposed work. If well nent to this work.)*  2 PB, 8570 TD. Pulled inject	Check Appropriate Box To Indicate  B OF INTENTION TO:  PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	Nature of Notice, Report, or C  SUBSEQ  WATER SHUT-OFF  FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other)Plugged back (Note: Report results Completion or Recompleted and true vertices  at 8412 temporariles	Lea New Mexico  Other Data  DUENT REPORT OF:  REPAIRING WELL ALTERING CASING AHANDONMENT*  Sof multiple completion on Well Detion Report and Log form.)  Including estimated date of starting any and depths for all markers and zones perti-		

8. I hereby certify that the foregoing is true and correct SIGNED . T. B. L. T	TITLE _	Area	Engineer	DATE _	February 25, 197
(This space for Federal or State office use)  APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE _		ASSESSED FOR RESS	ORD COURTE	
*5	èee Instruct	ions on	Revense Side LOCICAL SU HOSTA, NEW MEX	RVEY	