| (May 1963) | | JNJ D STATE | | RUBMIT IN TRIPLIES | reBudget F | DIOVED. BUIFAU NO. 42-R1424. MON AND BERIAL NO. |
|---|-----------------------------|---|----------------|---|--|---|
| | NM-03499 | NM-0349956 | | | | |
| SUND (Do not use this fo | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME West Dollarhide Dgv. Uni 8. FARM OR LEASE NAME 9. WELL NO. 117 10. FIRLD AND POOL, OR WILDCAT | | | | |
| 1. OIL GAS WELL WELL C | West Dolla | | | | | |
| Gulf Oil Corpor 3. ADDRESS OF OPERATOR | 9. WELL NO. | | | | | |
| Box 670, Hobbs 4. LOCATION OF WELL (Rep See also space 17 below At surface | 10. FIELD AND POO | | | | | |
| 1980' FSL & 660 | ' FWL, Se | ction 4, 25-S | , 38-е | | DOLLarhi 11. SDC., T., R., M., SUBVEY OF | de Devonian or blk. and bea |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show | whether DF, R? | , GR, etc.) | Sec 4, 2 12. COUNTY OF PAR | 5-S, 38-E |
| | <u> </u> | | 3148 | 'GL | Lea | New Mexico |
| 16. | Check Ap | propriate Box To In | dicate Nat | ure of Notice, Report, o | or Other Data | |
| NO | TICE OF INTENT | | | | SEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) Plug ba | | ULL OR ALTER CASING ULTIPLE COMPLETE Bandon® Hange plans | | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) | | |
| nent to this work.)* 1' PB. Pull injectior | n equipmen n packer a | nt. Set CI BP | at 8410 | etails, and give pertinent da s and measured and true ver ', temporarily aba er at 8260'. Resu | andoning lowor | norfored and |
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| A1- | ; toregoing is t Batilin | | A | | | |
| signed | Berlin | TIT | le <u>Area</u> | Engineer | DATE Sept | ember <u>30, 19</u> 7 |
| 18. I hereby certify that the SIGNED | OF State office | use) | | Engineer | DATE Sept | ember 30, 197 |

*See Instructions on Reverse Side Distance