

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL 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—" for such proposals.)

1. ☐ OIL WELL ☒ 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

1980' FSL + 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

3335' KB

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

M. K. Stewart

9. WELL NO.

6

10. FIELD AND TOOL, OR WILDCAT

Joane Blinbury

11. SEC., T., R., or BLK. AND SURVEY OR AREA

Sec 28-T23S-R37E

12. COUNTY OR PARISH 13. STATE

Lea NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

RIECOT 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 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 @ 5400' + cap w/4 24 cmt. Test csg 500 psi. Perf 2500' w/4) JH. Establish injec. Set cmt ret @ 2400'. Pump 25 24 cmt (100'). Reverse excess cmt. Perf 1250' w/4) JH. Establish injec. Set cmt ret @ 860'. Pump 250 24. Circ cmt to surf. 6/4 open-ended + pump 25 24 cmt. Install dry hole marker. Clear + clean loc.

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

SIGNED

[Signature]

TITLE

Area Engineer

DATE

8-8-84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

12-21-84

RECEIVED

DEC 28 1964

O.C.D.
HOBBS OFFICE