Form 9-331 (May 1963)	UNI DISTATES PARTMENT OF THE INTER GEOLOGICAL SURVEY	Form approved, Budget Bureny No. 42 R1424, 5. LEASE DESIGNATION AND BERIAL NO. NM-14164			
Do not use this form for Use "	6. IF INDIAN, ALLOTTEE OR TRIBE NAME				
I. WELL GAS X C	7. UNIT AGREEMENT NAME				
2. NAME OF OPERATOR	8. FARM OR LEASE NAME				
Gulf Oil Corporation 3. ADDRESS OF OPERATOR	Wilson Federal				
Box 670, Hobbs, Net 4. LOCATION OF WELL (Report lo See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT				
1980' FN & WL, Section 5, 24-8, 3	Unclosionator 11. SEC., T., E., M., OR BLK. AND SUBVET OR AREA				
14. PERMIT NO.	15. ELEVATIONS (Show whether I		Sec 5, 24-	S, 35-E	
	10. SECURIORS (Show whether I	12. COUNTY OR PARISH	13. STATE		
			Lea	New Mexico	
16. Che	eck Appropriate Box To Indicate	Nature of Notice, Report, or C	Other Data		
NOTICE O	ENT REPORT OF :				
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING W		
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CA		
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMEN		
REPAIR WELL	CHANGE PLANS	(Other)			
(Other)		(NOTE: Report results Completion or Recompl	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		
nent to this work.) •	TED OPERATIONS (Clearly state all pertine directionally drilled, give subsurface loce poration spudded 17-1/2'	ut details, and give pertinent dates, ations and measured and true vertica	including estimated date l depths for all markers	of starting any and zones perti-	

to 436'. Ran 10 joints and 1 cut joint, 399' of 13-3/8" OD 48# H-40 ST&C casing set and cemented by HOWCO at 436' with 450 sacks of Class C cement with 2% Ca Cl2. Cement circulated. WOC & NU over 26 hours. Tested casing with 750#, 30 minutes, OK.

Started drilling 12-1/4" hole at 436' at 5:30 PM, March 10, 1974

18. I hereby certify that the foregoing is true and correct SIGNED . J. Hugale	TITLE Area	Engineer		DATE March 11, 1974
(This space for Federal or State office use)				sk.
APPROVED BY	TITLE		Ple	DATE
CONDITIONS OF APPROVAL, IF ANY:			CI TVE	\sim
		1	Correct	
*0	1			-
*5e	e Instructions o	n Reverse Side		