

N. OIL CONS. COMMISSION
P. O. BOX 1040
HOBBBS, NEW MEXICO 88240
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-11124

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
925' FSL + 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)
3360' GL

5. LEASE DESIGNATION AND SERIAL NO.
NM 26381

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. LAND OR LEASE NAME
Zuck Federal

9. WELL NO.

10. FIELD AND TOOL, OR WILDCAT
Wildcat

11. SEC., T., R., M., OR RLC AND SURVEY OR AREA
Sec. 8-T26S-R34E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
RIPOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other) <u>Casing</u>	☒
(Other)	☐		
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
MULTIPLE COMPLETION	☐	ALTERING CASING	☐
ABANDON*	☐	ABANDONMENT*	☐
CHANGE PLANS	☐		

(Note: Report results of multiple completion on Well Completion or Completion 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.)

Sierra spudded 12 1/4" hole @ 10:30 P.M., 3-31-84. TD 523'
@ 9:00 A.M., 4-1-84. RU+ran 12' to + 1 cut ft 878" 24# K55 ST+ C,
set @ 523' Cmt w/ 350 sl cl "C" w/ Padz. Plg dr @ 12:45 P.M.,
4-1-84. Circ 147 sl. Witnessed by M. varrette (B.M.). Ist csg
1000 psi - OK. Dr cmt.

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

SIGNED [Signature]

TITLE AREA DRUG SUPT

DATE 4-5-84

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER

TITLE

DATE

APR 12 1984

*See Instructions on Reverse Side