

N. M. OIL CONS. COMMISS'
P. O. BOX 1980
HOBBS, NEW MEXICO 88240
Form 5-311
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1124

LEASE DESIGNATION AND SERIAL NO.

NM 20384

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ 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' FNL + 660' FWL

14. PERMIT NO.

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

3357' GL

5. LAND OR LEASE NAME

Nelson "C" Federal

6. WELL NO.

10. FIELD AND TOWN, OR WILDCAT

Undes Atoka

11. SEC. T. R. M. OR BLK. AND
SURVEY OR AREA

Sec 29-T26S-R34E

12. COUNTY OR PARISH 13. STATE

Lia NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

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 Recombination 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 perti-
nent to this work.)

TD 15,562' @ 8:00 P.M., 7-2-84. Log. RU + ran 79 jts 5" 18 #
liner, set @ 15,560' - top @ 12,369'. Cmt w/ 450 # 4" H. Plg
down @ 3:00 A.M., 7-6-84. Did not bump plug. Float held
okay.

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

SIGNED

ACCEPTED FOR RECORD

TITLE AREA DRUG SUPT

DATE 7-6-84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL IF ANY:

JUL 9 1984

TITLE

DATE

Carlsbad, NEW MEXICO

See Instructions on Reverse Side