

U. S. OIL CONS. COMMISSION
P. O. BOX 1000
HOBBS, NEW MEXICO 88240

Form 5-311
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-R1121.

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' FNK + 660' FLW		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GA, etc.) 3357' GL	

5. LEASE DESIGNATION AND SERIAL NO. NM 20334	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Wilson "C" Federal	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Hobbs Utera	
11. SEC. T. R. M. OR ALR AND SURVEY OR AREA Sec 29-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:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
RIGROT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☒
(Other) Casing	☐		☐

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.)

Cactus spudded 20' hole @ 10:00 P.M., 3-31-84. Dr to 552'.
R114 ran 12 jts + 1 cut jt 16" 65# 1140 csg, set @ 542'.
Cmt w/ 650 24 11" C" w/ Cal. Circ 220 24. Witnessed by
Navarrete (B.L.M.). 1st csg 1000# - ok. Dr cmt.

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

SIGNED Peter W. Zimster

TITLE AREA DRUG SUPT

DATE 4-5-84

(This space for Federal or State Record)

APPROVED BY PETER W. ZIMSTER

TITLE

DATE

APPROVAL, IF ANY:
APR 12 1984

*See Instructions on Reverse Side

RECEIVED

APR 17 1984

O.C.D.
HCSBS OFFICE