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U.S.O.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease

State	☒	For	☐
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3. State Oil & Gas Lease No.

B-229

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT - I" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corp.	8. Farm or Lease Name Watt Farm, RTF
3. Address of Operator P. O. Box 670, Hobbs, NM 88240	9. Well No. 11
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>NORTH</u> LINE AND <u>1980</u> FEET FROM THE <u>WEST</u> LINE, SECTION <u>36</u> TOWNSHIP <u>25N</u> RANGE <u>30E</u> NMPM.	10. Field and Pool, or Wildcat Gulf Permian Juvik Field
15. Elevation (Show whether DF, RT, GR, etc.) 3535' RKE	12. County Rea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐
TEMPORARILY ABANDON	☐		
PULL OR ALTER CASING	☐	CHANGE PLANS	☐
OTHER	☐		☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK	☒	ALTERING CASING	☐
COMMENCE DRILLING OPS.	☐	PLUG AND ABANDONMENT	☐
CASING TEST AND CEMENT JOB	☐		
OTHER _____			

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

PCW/pwd apt. In RBP @ 5550' cont 2nd cor d. 3rd R.P.
1000 psi - hold. 500 @ 915' up 1 1/2" 54PF. Estab circ. Set cont
ret @ 847'. Pmp 130 cu 0" C" mat. Inlet @ 824' Set cont ret @
246'. Pmp 36 cu 0" C". Circ out 1" + 9 5/8" csg. Build out load csg.
Pmp 35 cu 0" C" + circ out 1" + 9 5/8" csg. Ret cont. Circ hole
clear. Set cor 500 psi 50 min - hold. 500 ret 1". Hook and off
R.P. + 10N. @ 1441 psi + log. SN @ 5518' @ 1441 pmp + circ. Put
well on close.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED R. R. Rite TITLE AFSA E, LINEFF DATE 8-2-84

ORIGINAL FILED IN 100-442886-1000000

APPROVED BY _____ DISTRICT SUPERVISOR _____

TITLE

DATE _____

AUG - 6 1984

CONDITIONS OF APPROVAL, IF ANY: