

UNITED STATES
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.
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SUPPLY VOICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR A REQUEST FOR INFORMATION OR FOR A REQUEST FOR A COPY OF A DOCUMENT. FOR INFORMATION, CONTACT THE NATIONAL ARCHIVES AT COLLEGE PARK, MARYLAND, OR THE NATIONAL ARCHIVES AT COLLEGE PARK, MARYLAND, OR THE NATIONAL ARCHIVES AT COLLEGE PARK, MARYLAND.

1. OIL WELL ☒ GAS WELL ☐ OTHER- ☐	2. Name of Land Owner Mexico "J"
3. Name of Operator Gulley Oil Company	4. Well No. 26
5. Address of Operator P. O. Box 730 Hobbs, New Mexico 58140	6. Field and Pool, or District Dollarhide Fusselman
7. Location of Well UNIT LETTER M 990 FEET FROM THE South LINE AND 990 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 24-S RANGE 36-E NE1/4	8. County Lea
9. Elevation (Show whether DF, RT, GR, etc.) 3139' GL	10. Other Data

16.	Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐			COMMENCE DRILLING OPS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐	CHANGE PLANS	☐	CASING TEST AND CEMENT JOB	☐		
OTHER	☐			OTHER	☐		

add perforations and acidize ☒

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.

1. Rig up pulling unit, pull rods and pump.
2. Install BOP, kill well with 10# brine and pull tubing.
3. Perforate upper Fusselman with casing gun 2 shots per foot 8485-89, 8504-12' (.5" holes).
4. Spot 100 gallons 15% NE HCl acid 8570-8470'.
5. Raise up and set packer at 8350'.
6. Acidize Fusselman perfs with 5000 gallons and 80 balls.
7. Run tubing and rods. Place well on producing status.

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

SIGNED W. M. C. B. TITLE Area Superintendent DATE _____
 APPROVED BY W. M. C. B. DATE Aug 10 1981
 CONDITIONS OF APPROVAL, IF ANY: