

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

Jicarilla Lease Contract 69

6. 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 WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR Gulf Oil Corporation | | 8. FARM OR LEASE NAME Apache Federal |
| 3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240 | | 9. WELL NO. 11E |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1850' FSL & 79' FWL 1950' FSL & 990' FWL | | 10. FIELD AND TOOL, OR WILDCAT Basin Dakota |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6484' GL | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 8-T24N-R5W |
| | | 12. COUNTY OR PARISH Rio Arriba |
| | | 13. STATE NM |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | FULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <u>Casing</u> <input checked="" type="checkbox"/> | |

(NOTE: Report results of multiple completion on Well Completion or Recompletion 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.)*

TD 11:00 P.M., 4-25-81. RU & ran 16e joints 5½" 15.5# K-55 LT&C (6784') set at 6798', FC at 6755', DV tool at 4715'. Cment 1st stage with 400 sacks Class "B" w/ .5% D65 and 200 sacks Class "B" .5% D65. Plug down 7:45 A.M., 4-27-81. Circulate cement. Cement 2nd stage with 800 sacks Gulfmix w/16% gel and 100 sacks Class "B" neat. Plug down 12 noon, 4-27-81. Circulate cement. WOC 18 hours. Test casing 1200#.

RECEIVED FOR RECORD

MAY 15 1981

BY [Signature]

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

SIGNED [Signature]

TITLE Area Drilling Superintendent DATE 5-13-81

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE DATE

NMOCC