

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

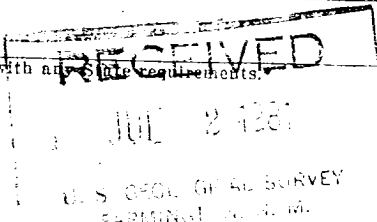
SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. Jicarilla Use Contract 69	
2. NAME OF OPERATOR Gulf Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with applicable requirements. See also space 17 below.) At surface 1950' FSL & 990' FWL		8. FARM OR LEASE NAME Apache Federal	
14. PERMIT NO.		9. WELL NO. 11E	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6484' GL		10. FIELD AND POOL, OR WILDCAT Basin Dakota	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Perfd, Aczd, Fracd</u> <input checked="" type="checkbox"/>	

(Other) Perfd, Aczd, Fracd ☒
(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.)*

Spot 300 gals 15% NEA. Perf 6612-32' and 6642-72' with (1) 1/2" JHPF. Pumped 2700 gals 15% NEA with (72) 7/8" RCNB's. Max pres 4600#, min 3600#, AIR 8 BPM, ISIP 1100#, 10 min 700#. Frac with 61,000 gals gel x-linked 1% KCL FW, 70,000# 10/20 sand. Max pres 2700#, min 2100#, final 2100#, AIR 28 BPM, ISIP 2100#, 5 min 1700#, 10 min 1600#, 15 min 1400#. Ran BHP and flow test. Complete after drilling, perfring, acidizing and fracing 6-10-81.

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

SIGNED RD Pite

TITLE Area Engineer

ACCEPTED FOR RECORD 81

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

FARMINGTON DISTRICT

BY _____

NMOC

JUL 9 1981