

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Number 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. <input type="checkbox"/> 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. 12E
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL & 990' FWL		10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 17-T24N-R5W
15. ELEVATIONS (Show whether Dr., H., or C.) 6521' GL		12. COUNTY OR PARISH Rio Arriba
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL 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>Perfd, Aczd, Fracd</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.) *

Drill DV tool to 6736'. Spot 300 gals 15% NEA on bottom. Perf 6581-96' and 6606-50' with (1) JHPF. Pumped 3000 gals 15% DI HCL, dropped (90) 7/8" RCNB's. Max pres 3600#, ISIP 1200#. Frac with 38,000 gals x-link gel, 71,250# 10/20 sand and (60) 7/8" RCNB's. Max pres 2700#, avg 2000#, AIR 25 BPM, ISIP 2400#, 5 min 1900#, 10 min 1600#, 15 min 1400#. RIH with 2-3/8" tubing, packer, nipple and on-off tool. Set packer at 6516', bottom of tubing at 6548'. Ran flow test. Complete after drilling, perfring, acidizing and fracing 6-15-81.



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

SIGNED RDPitue TITLE Area Engineer DATE 7-1-81

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NMOCC