

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

3. LEASE DESIGNATION AND SERIAL NO.  
**Jicarilla**  
**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 <b>Gulf Oil Corporation</b>		8. FARM OR LEASE NAME <b>Apache Federal</b>	
3. ADDRESS OF OPERATOR <b>P. O. Box 670, Hobbs, NM 88240</b>		9. WELL NO. <b>10E</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <b>At surface</b> <b>950' FSL &amp; 1700' FWL</b>		10. FIELD AND POOL, OR WILDCAT <b>Basin Dakota</b>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 18-T24N-R5W</b>	
15. ELEVATIONS (Show whether DF, RT, etc.) <b>6467' GL</b>		12. COUNTY OR PARISH <b>Rio Arriba</b>	
		13. STATE <b>NM</b>	

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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Gas Connected</b>	
(Other) <input 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.)\*

On line to El Paso Natural Gas at 12:30 P.M., 10-6-81 with 1225 MCF at 280# FTP and 276# line pressure.



ACCEPTED FOR RECORD

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

SIGNED <b>RD Pite</b>	TITLE <b>Area Engineer</b>	DATE <b>10-13-81</b>
(This space for Federal or State official use)		BY <b>RB</b>
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

NMOCC