

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 ☐ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. <i>SE 0715</i>
2. NAME OF OPERATOR <i>Gulf Oil Corp.</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P. O. Box 670, Hobbs, NM 88240</i>	7. UNIT AGREEMENT NAME <i>Unit</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <i>600' FNL - 000' FEL</i>	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. <i>161</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>6179' EL</i>	10. FIELD AND POOL, OR WILDCAT <i>Dist. Lower Valley</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 1-25N-13W</i>
	12. COUNTY OR PARISH <i>San Juan</i>
	13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <i>TA</i>	

(Other) _____

(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.)

*Set CWP 0457 - 1500' - P. Replace hole w/ pcr fluid.
Sept 29.5 in. at 4800' - 4590' TA 3-11-85.*

RECEIVED
MAR 26 1985

OIL CON. DIV.
DIST. 3

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

SIGNED *James H. Howard* for TITLE *AREA ENGINEER*

(This space for Federal or State office use)

ACCEPTED FOR RECORD
DATE *Mar 29 1985*

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____ FARMING ON RESOURCE AREA
BY *ju*

*See Instructions on Reverse Side

NMOCO