

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Budg. \_\_\_\_\_

5. LEASE DESIGNATION AND NO. \_\_\_\_\_

078155

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

West Bisti Unit

8. FARM OR LEASE NAME \_\_\_\_\_

9. WELL NO. \_\_\_\_\_

160

10. FIELD AND POOL, OR WILDCAT \_\_\_\_\_

Bisti Lower Gallup

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA \_\_\_\_\_

Sec 1, 25-N, 13-W

12. COUNTY OR PARISH \_\_\_\_\_ 13. STATE \_\_\_\_\_

San Juan New Mexico

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 ☐

2. NAME OF OPERATOR \_\_\_\_\_

Gulf Oil Corporation

3. ADDRESS OF OPERATOR \_\_\_\_\_

Box 670, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660' FNL & 1980' FWL, Section 1, 25-N, 13-W

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.) \_\_\_\_\_

6211' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐

FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐ ABANDON\* ☐

REPAIR WELL ☐ CHANGE PLANS ☐

(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐

FRACTURE TREATMENT ☐ ALTERING CASING ☐

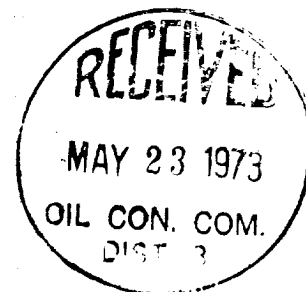
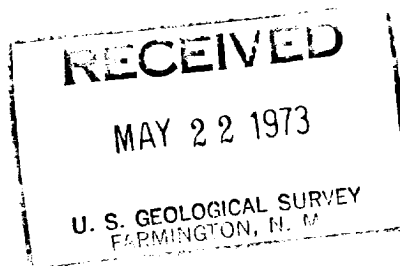
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐

(Other) Acidized

(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.)\*

4893' PB. Pumped 2500 gallons of 15% HCL acid down casing over perforations 4856' to 4883'. Flushed with water. Injection rate 1 BPM at 950# to 1200# pressure. Returned well to production.



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

SIGNED K. J. Brezale TITLE Area Engineer DATE May 21, 1973

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: