

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME West Bisti Unit
2. NAME OF OPERATOR GULF OIL CORPORATION		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		9. WELL NO. 137
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  660' FS & WL		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
14. PERMIT NO.		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-26N-13W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6240' DF		12. COUNTY OR PARISH San Juan
		13. STATE NM

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) Reperf Gallup perf & acz	X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(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.)\*

MI & RU PU. POH w/rods & pmp. Ck hole for fill. If necessary, clean out to 5959'. Spot 300 gal 15% double inhib HCL f/4966' to 4950'. Perf 4966'-4983' w/(1) shot/foot (17 holes). GIH w/pkr to 4950'+. Acz 4966'-4983' as follows:  
(a) Pump 1 bbl soap & 1 bbl biocide  
(b) Pump 1500 gal 15% HCL acid  
(c) Flush w/400 BW w/1 bbl soap & 1 bbl biocide  
Flow well back or swb as necessary. Hang well on.

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

SIGNED N. B. Sikes Jr. TITLE Area Engineer DATE 4-9-80

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

ck Ench

St

\*See Instructions on Reverse Side

APPROVED

DATE

JUN 4 1980  
JAMES F. SIMS  
DISTRICT OIL & GAS SUPERVISOR