

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SE-078091

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

West Bisti Unit

8. FARM OR LEASE NAME

9. WELL NO.

127

10. FIELD AND POOL, OR WILDCAT

Bisti Lower Gallup

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

Sec 28, 26-N, 13-W

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

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

1980' FN & BL, Section 28, 26-N, 13-W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6263' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Acidized ☐

REPAIRING WELL ☐

ALTERING CASING ☐

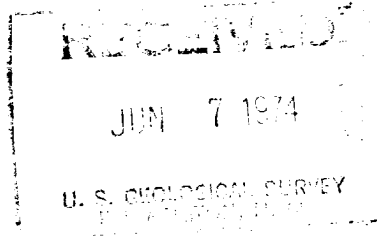
ABANDONMENT* ☐

(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.)*

5138' PB.

Pumped 5000 gallons of 15% HCL acid down casing over perforations 5028' to 5048'.
Flushed with 500 barrels of water. Returned well to production.



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

SIGNED

B. J. Pinkney

TITLE Area Engineer

DATE June 5, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: