| Form | S-331 |
|------|-------|
| (May | 1963) |

UNITED STATES UNITED STATES SUBMIT IN TRIPLICATE Other Instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424. 5/ LEASE DESIGNATION AND SERIAL NO.

New Mexico

| | 77 070001 | | | | |
|---|---|--------------------------------|--|--|--|
| | | | | | |
| SUNDRY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | | | |
| (Do not use this form Use | | | | | |
| 1. | | 7. UNIT AGREEMENT NAME | | | |
| WELL K GAS WELL | CTHER | West Bisti Unit | | | |
| 2. NAME OF OPERATOR | 8. FARM OR LEASE NAME | | | | |
| Gulf Oil Corporati | on | | | | |
| 3. ADDRESS OF OPERATOR | 9. WELL NO. | | | | |
| Box 670, Hobbs, Ne | 127 | | | | |
| LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | 10. FIELD AND FOOL, OR WILDCAT | | | |
| | | Bisti Lower Gallup | | | |
| 1980' FN & EL. Sec | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | | | | |
| 1900 FM & EL, Sec | tion 28, 26-N, 13-W | | | | |
| 14 proven vo | | Sec 28, 26-N, 13-W | | | |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH 13. STATE | | | |

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

6263' GL

| NOTICE OF INTENTION TO: | | | SUBSEQUENT REPORT OF: | | | | |
|-------------------------|--|----------------------|-----------------------|----|--|--------|---|
| TEST WATER SHUT-OFF | | PULL OR ALTER CASING | | 7 | | | |
| IESI WAIER SHOT-OFF | | FCEE OR ALIER CASING | <u> </u> | - | 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) Acidized | | |
| (Other) | | | |] | (Note: Report resi Completion or Reco | ults o | f multiple completion on Well tion 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.

16.

Pumped 1500 gallons of 15% HCL acid down tubing - casing annulus. Maximum pressure 600#, minimum vacuum. Flushed with 500 barrels of water. Returned well to production.



San Juan

MAR 2 1 1977

| 8. I hereby certify that the foregoing is true and correct SIGNED | TITLE _ | Area Engineer | DATE | March | 18, | 1977 |
|---|--|---------------|------|-------|-----|------|
| (This space for Federal or State office use) | - In the same of t | | | | | |
| APPROVED BYCONDITIONS OF APPROVAL, IF ANY: | TITLE _ | | DATE | | | |