

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on reverse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME <u>West Bisti Unit</u>	
2. NAME OF OPERATOR <u>Gulf Oil Corporation</u>		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR <u>P. O. Box 670, Hobbs, NM 88240</u>		9. WELL NO. <u>127</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u>  <u>1980' FNL &amp; 1980' FEL</u>		10. FIELD AND POOL, OR WILDCAT <u>Bisti Lower Gallup</u>	
14. PERMIT NO.		11. SEC., T., R., M., OR R.L. AND SURVEY OR AREA <u>Sec 28-T26N-R13W</u>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6262' GL</u>		12. COUNTY OR PARISH <u>San Juan</u>	
		13. STATE <u>NM</u>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Repair Casing Leak</u>	<input checked="" type="checkbox"/>

(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.)

POH with production equipment, cap with 10' sand. Found hole in casing at 3935'. Set cement retainer at 3708'. Squeeze hole with 100 sacks Class "C". Squeeze 1700#. Drill cement and cement retainer, test casing 500#. Reverse sand off RBP and POH. RIH with production equipment. Complete after repairing casing leak 12-8-82.

RECEIVED

DEC 31 1983

OIL CON. DIV.  
DIST. 3

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

SIGNED James L. Howard TITLE Area Engineer DATE 12-27-82

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

DEC 31 1982

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\*See Instructions on Reverse Side