

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.

MS-103492

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

West Blati Unit

8. FARM OR LEASE NAME

9. WELL NO.

113

10. FIELD AND POOL, OR WILDCAT

Blati Lower Gallup

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

Sec 19, 26-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 **Water Injection Well**

2. NAME OF OPERATOR

Gulf Oil Corporation

3. ADDRESS OF OPERATOR

Box 670, Hobbs, New Mexico

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

1980' FS & EL, Section 19, 26-N, 13-W

14. PERMIT NO.

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

6529' GL

18.

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

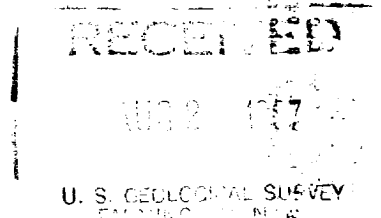
ABANDONMENT*

(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.)*

5411' TD.

Treated 5-1/2" casing perforations 5320' to 5328' with 1000 gallons of 28% HCL acid. Flushed with 36 barrels of water. Shut well in for 2 hours. Backflushed for 6 hours. Resumed injecting water.



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

SIGNED **C. D. BORLAND**

TITLE **Area Production Manager**

DATE **July 31, 1967**

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 7: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; and other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT WELL ABANDONMENT REPORT

1. Name of well: _____

2. Location: _____

3. Date of abandonment: _____

4. Reason for abandonment: _____

5. Method of abandonment: _____

6. Depth to top of casing: _____

7. Depth to bottom of hole: _____

8. Method of sealing: _____

9. Date of completion: _____

10. Signature: _____

11. Name of operator: _____

12. Address: _____

13. City: _____

14. State: _____

15. Zip: _____

16. Phone: _____

17. Fax: _____

18. E-mail: _____

19. Website: _____

20. Other: _____

21. Name of supervisor: _____

22. Address: _____

23. City: _____

24. State: _____

25. Zip: _____

26. Phone: _____

27. Fax: _____

28. E-mail: _____

29. Website: _____

30. Other: _____

31. Name of inspector: _____

32. Address: _____

33. City: _____

34. State: _____

35. Zip: _____

36. Phone: _____

37. Fax: _____

38. E-mail: _____

39. Website: _____

40. Other: _____

41. Name of reviewer: _____

42. Address: _____

43. City: _____

44. State: _____

45. Zip: _____

46. Phone: _____

47. Fax: _____

48. E-mail: _____

49. Website: _____

50. Other: _____

51. Name of approver: _____

52. Address: _____

53. City: _____

54. State: _____

55. Zip: _____

56. Phone: _____

57. Fax: _____

58. E-mail: _____

59. Website: _____

60. Other: _____