

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Water Injection Well</b>	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR <b>Gulf Oil Corporation</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>Box 670, Hobbs, New Mexico</b>	7. UNIT AGREEMENT NAME <b>West Bisti Unit</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>2200' FSL, 1400' FEL, Section 28, 26-N, 13-W</b>	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. <b>131</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6209' GL</b>	10. FIELD AND POOL, OR WILDCAT <b>Bisti Lower Gallup</b>
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 28, 26-N, 13-W</b>
	12. COUNTY OR PARISH <b>San Juan</b>
	13. STATE <b>New Mexico</b>

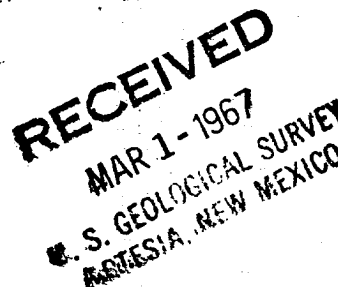
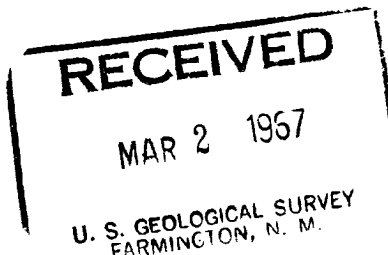
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) <b>Acidized</b>	
(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.)\*

598' PB.

Pumped 500 gallons of 15% HCL acid down annulus. Flushed with 30 barrels of water. Flowed well to pit 20 hours to clean up. Resumed injecting water.



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

ORIGINAL SIGNED BY  
SIGNED C. D. POELAND TITLE Area Production Manager DATE February 27, 1967

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side