

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 <i>M. Bisti Unit</i>
2. NAME OF OPERATOR <i>Gulf Oil Corp.</i>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <i>P. O. Box 670, Hobbs, NM 88240</i>	9. WELL NO. <i>149</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <i>2310' FNL + 1650' FEL</i>	10. FIELD AND POOL, OR WILDCAT <i>Bisti Lower Gallup</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 27-26N-13W</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <i>San Juan</i>
	13. STATE <i>NM</i>

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 COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) *T/A*

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.)

Clear cut to 2000'. 2stcs 500# ok.
PCH w/prod eqpt set C1BP @ 1984'. Circ hole w/pk
fluid. Spot 29.5 cu ft cont 1984'-1914'. TA 3-24-85

RECEIVED

APR 15 1985

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

SIGNED

R.D. Pite

TITLE

AREA ENGINEER

DATE

4-9-85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APR 15 1985

FARMINGTON RESOURCE AREA

BY

Sm

*See Instructions on Reverse Side

NMOCC