

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on reverse side)Form approved
Budget Bureau No. 42-11124
5. LEASE ORIGINATOR AND SERIAL NO.

6. IF INDIAN, ALLUTIE OR TRIBE NAME

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 ☐	7. UNIT AGREEMENT NAME <i>Bisti Unit</i>
2. NAME OF OPERATOR Gulf Oil Corporation	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240	9. WELL NO. <i>134</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1980' FSL + 660' FEL</i>	10. FIELD AND ZONE, OR WILDCAT <i>Bisti Lower Valley</i>
11. PERMIT NO.	11. SEC. T. R. M. OR NEAR AND SURVEY OR AREA <i>Sec 27-T26N-R13W</i>
12. ELEVATIONS (Show whether DF, ST, CR, etc.) <i>6202' GL</i>	12. COUNTY OR PARISH 13. STATE <i>Sarguax NM</i>

BUREAU OF LAND MANAGEMENT
BIRMINGHAM RESOURCE AREA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	FRACTURE TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☒	(Other)	☐
(Other)	☐		

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.)

GM up per to 4830' press per + CIBP to 500 psi. Locate csg
near bot cont set 50' above csg lk. Is csg lk as necessary.
Drill out bot + cont. to 500 psi. Drill out CIBP @ 4840'.
Circ hole clean. Acidize 4944-57' Swab. Per 4995'-5009' w/
(3) 4" JHPF. Acidize + trac 4995'-5009'. Swab. Set ppg eqpt.

RECEIVED

SEP 04 1984

OIL CON. DIV.
DIST. 3

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

SIGNED *R. D. Pite*
(This space for Federal or State office use)

TITLE Area Engineer

DATE 8-27-84

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE AUG 8 1984

MMOCC

*See Instructions on Reverse Side

M. MILLENBACH
AREA MANAGER