

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 DENIGATION AND SERIAL NO.

078094

6. IF INDIAN, ALLOTTEE 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 service.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Gulf Oil Corporation

3. ADDRESS OF OPERATOR
Box 670, Hobbs, New Mexico 88240

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

660' FNL & 1980' FEL, Section 15, 27-N, 11-W

14. PERMIT NO.

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

6321' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fullerton Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

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

Sec 15, 27-N, 11-W

12. COUNTY OR PARISH 13. STATE

San Juan

New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Repaired casing leak	

(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.)*

6773' PB.

Pulled producing equipment. Ran straddle tools and located casing leak between 3910' and 4156'. Squeezed leak with 40 sacks of Type 2 cement containing 2% Ca C12. Pulled tools. WOC 14 hours. Ran 4-3/4" bit and drilled hard cement from 3790' to 4162'. Tested casing with 800#, 30 minutes, OK. Ran 2-3/8" tubing and cleaned out to 6650'. Set tubing at 6590'. Well flowed at rate of 593.4 MCFPD with flowing tubing pressure 150# in 24 hours on February 24, 1975.

MAR 3 1975

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

SIGNED B. Berkhat TITLE Area Engineer DATE February 27, 1975

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

