

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved,  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.7-08803 SF 078092  
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 reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR GULF OIL CORPORATION	8. FARM OR LEASE NAME Douthit "A" Federal
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1000' FNL & 1000' FWL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
11. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35-27N-11W
15. ELEVATIONS (Show whether DE, ET, GR, etc.) 6439' GL	12. COUNTY OR PARISH San Juan
	13. STATE NM

## 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"/>		<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) Perfd Aczd, Fracd	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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 intervals and zones pertinent to this work.)

Ran bit on 2-3/8" tbg; tag DV tool @ 2700'. Drld out DV tool, ran to 6700'. Tested csg to 4300#, ok. Displaced hole w/1% KCL water. Ran GR-CCL. Perfd 6576-86' w/(4) 1/2" JHPF (40 holes). Ran 2-3/8" tbg; ran pkr & SN on 2-3/8" tbg to 6590'. Spot 300 gal 15% NEA over perfs. Pressure csg to 1500#. Break down perfs @ 2800#-2400# @ 4 BPM. Pumped 1000 gal 15% NEFF acid, (20) 7/8" RCNB's, 1000 gal ditto acid. Flush w/1% KCL water, 0# increase w/balls on perf. Maximum pressure 2800#, minimum pressure 2400#, AIR 4.8 BPM, ISIP 600#, 30 min 200#. Swbd. Frac down 4 1/2" casing. Pumped 119 bbl gelled x-linked pad; pumped 2000 gal w/1# 20/40 sand/gal; pumped 2000 gal w/1 1/4# 20/40 sand/gal; pumped 2000 gal w/2 1/2# 20/40 sand/gal; pumped 2000 gal w/3# 20/40 sand/gal; pumped 1500 gal w/2# 10/20 sand/gal. Flush w/102 bbls 2% KCL water. Maximum pressure 2000#, minimum pressure 1500#, final pressure 2000#, AIR 24 BPM, ISIP 1000#, 30 min 400# (21,000# sand total).

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

SIGNED Beyn Stone TITLE Area EngineerACCEPTED FOR RECORD  
DATE 5-28-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

JUN 4 1980  
DATEBY AB