

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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 checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <u>Jicarilla Indian</u>
2. NAME OF OPERATOR <u>GULF OIL CORPORATION</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <u>Tribal #69</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 670, Hobbs, New Mexico 88240</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>1650' FSL & 1650' FEL</u>		8. FARM OR LEASE NAME <u>Apache Federal</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>6521' GL</u>	9. WELL NO. <u>11</u>
		10. FIELD AND POOL, OR WILDCAT <u>Basin Dakota</u>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 8, T-24-N, R-5-W</u>
		12. COUNTY OR PARISH <u>Rio Arriba</u>
		13. STATE <u>New Mexico</u>

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) <u>Repaired 4-1/2" Casing Leak</u>	<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 markers and zones pertinent to this work.)*

6742' PB.

7-29-78: Pulled producing equipment. 7-31-78: Ran RBP & set @ 5836'. Tested to 3000#. Located leak between 3632' & 3746'. Set packer @ 3516'. Squeezed with 300 sacks of Class "B" cement with 2% CaCl₂. Maximum pressure, 1000#. Minimum pressure, 200#. FSIP, 1000#. WOC over 18 hours. 8-1-78: Pulled tubing & packer. Ran 3-7/8" bit on tubing. Tagged cement @ 3530'. 8-3-78: Cleaned out to 6220'. Tested casing to 1000# for 30 minutes; held o.k. POH. Ran tubing & retrieved RBP. Ran tubing & circulated hole clean to 6720'. Set tubing @ 6624'. Swabbed well & cleaned up. Placed well on production. 9-18-78: Well flowed 3 BO, 3 BW & 128 MCFGPD in 24 hours.

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

SIGNED H. P. Sker, Jr. TITLE Area Engineer DATE 09-27-78
(This space for Federal or State office use)

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

SEP 28 1978