

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42 R1421

5. LEASE DESIGNATION AND SERIAL NO.
Jicarilla Tribal #69
6. IS 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 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 requirements.*
See also space 17 below.)
At surface
990' FN &WL, Section 7, 24-N, 5-W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
6530' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Apache Federal

9. WELL NO.
15

10. FIELD AND POOL, OR WILDCAT
Basin Dakota

11. SEC., T., R., M., OR BEK AND SURVEY OR AREA
Sec 7, 24-N, 5-W

12. COUNTY OR PARISH 13. STATE
Rio Arriba 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) <u>Well Status Report</u>	

(NOTE: Report results of multiple completion or 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 start of proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers at pertinent to this work.)*

Request One Year Extension. Will P & A in 1976

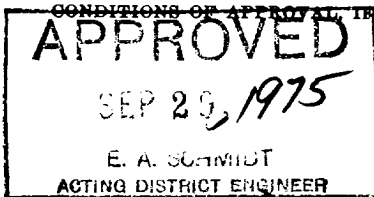


18. I hereby certify that the foregoing is true and correct

SIGNED D.F. Berlin TITLE Area Engineer DATE September 23, 1975

(This space for Federal or State office use)

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



*See Instructions on Reverse Side