

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>NM-23073</b>
2. NAME OF OPERATOR <b>Gulf Oil Corporation</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 670, Hobbs, NM 88240</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b>  <b>660' FNL &amp; 2080' FWL</b>		8. FARM OR LEASE NAME <b>Southeast Bisti Fed</b>
14. PERMIT NO.		9. WELL NO. <b>1</b>
15. ELEVATIONS (Show whether DE, RT, OR, etc.) <b>6886' GL</b>		10. FIELD AND POOL, OR WILDCAT <b>Bisti Lower Gallup</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 3-T24N-R10W</b>
		12. COUNTY OR PARISH <b>San Juan</b>
		13. STATE <b>NM</b>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) **Status Report**

(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.) \*

Please cancel Notice of Intent to P&A subject well. Currently, well has marginal production. Well is now being evaluated for possible workover and a new Intent will be filed upon finalization of plans.



ACCEPTED FOR RECORD

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

SIGNED *RP Rite* TITLE Area Engineer DATE JUL 28 1981  
7-22-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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

FARMINGTON DISTRICT  
BY *RB*

NMOCC