

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1124

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. SF 080565A	
2. NAME OF OPERATOR Gulf Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any special requirements. See also space 17 below.) At surface 790' FNL & 1850' FWL		8. FARM OR LEASE NAME Stevie Joe	
14. PERMIT NO.		9. WELL NO. 6	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 7269' GL		10. FIELD AND TOOL, OR WILDCAT Tapacito PC	
		11. SEC., T., R., M., OR RLE, AND SURVEY OR AREA Sec 6-T25N-R3W	
		12. COUNTY OR PARISH Rio Arriba	
		13. STATE NM	

RECEIVED
FEB 18 1983
U.S. GEOLOGICAL SURVEY
WASHINGTON, D. C.

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"/>	PULL 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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Locate & Repair Csg Leak <input checked="" type="checkbox"/>			

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.)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

POH with packer and tubing. Set RBP at 3730', cap with 10' sand. Locate casing leak. Set cement retainer approx 75' above casing leak. Cement as required. Drill out cement retainer and cement. Test squeeze to 500#. Reverse sand off RBP and POH. GIH with tubing and redressed packer; set packer at 3732'. Swab and place well back on production.

RECEIVED
FEB 24 1983
OIL CON. DIV.
DIST. 3

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

SIGNED <u>APR 17 1983</u>	TITLE <u>Area Engineer</u>	DATE <u>2-17-83</u>
(This space for Federal or State office use)		
APPROVED <u>FEB 22 1983</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY: JAMES F. SIM DISTRICT ENGINEER		

NMOCC

*See Instructions on Reverse Side