

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-23073

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Southeast Bisti Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Unit C

Sec. 3, T24N, R10W

12. COUNTY OR PARISH 13. STATE

San Juan

NM

1. OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR
GULF OIL CORPORATION

3. ADDRESS OF OPERATOR
P.O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FNL & 2080' FWL

14. PERMIT NO.

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

6886' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Ran surface csg

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

REPAIRING WELL

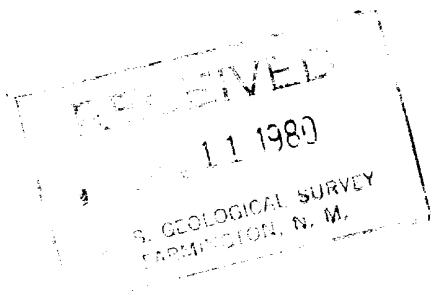
ALTERING CASING

ABANDONMENT*

X

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.)*

Spudded 12 1/4" hole @ 12:30 P, 12-31-79. Reached 735' TD of 12 1/4" hole @ 4:30 P, 1-6-80. Ran 17 jts 8-5/8" 24# K-55 ST&C csg; set @ 724'. Cmt by Halco w/450 sx Class 'B' cmt + 4% CaCl₂. PD by Halco @ 6A, 1-7-80. Circ 150 sx cmt. Test csg to 1000# for 30 min - held OK. Total WOC time 20 hrs. Drld cmt & float; began drlg form w/7-7/8" hole @ 4A, 1-8-80.



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

SIGNED

TITLE Area Drlg. Superintendent

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAN 17 '80

FARMINGTON DISTRICT

BY

*See Instructions on Reverse Side

DATE 1-10-80
ACCEPTED FOR RECORD