

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR GULF OIL CORPORATION	8. FARM OR LEASE NAME Southeast Bisti Federal
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, NM 88240	9. WELL NO. 1
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	10. FIELD AND POOL, OR WILDCAT Basin Dakota, Wildcat
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Unit C
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6886' GL	12. COUNTY OR PARISH San Juan
	13. STATE NM

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>Tested production casing</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.)*

6400' TD. 6375' PB. Tested csg above DV tool to 2000# for 30 min March 4, 1980.
Circ clean. Drld FC & cmt to 6375' PB. Tested casing to 4300# March 5, 1980 - OK.



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

SIGNED N. B. Sikes, Jr.

TITLE Area Engineer

DATE 3-6-80

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE MAR 11 1980

NMOCCI

*See Instructions on Reverse Side

FARMINGTON DISTRICT
BY M. L. Kuchera