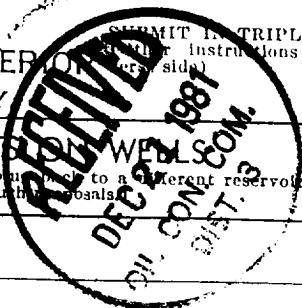


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY



Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
SF 078155
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or pump back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME West Bisti Unit
2. NAME OF OPERATOR Gulf Oil Corporation		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		9. WELL NO. 166
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 660' FWL		10. FIELD AND POOL, OR WILDCAT Bisti Lower Gallup
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, WF, GR, etc.) 6256' GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 12-T25N-R13W
		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:		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) <input type="checkbox"/>
(Other) TA	X	(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.)

POH with tubing and packer. Set CIBP at 4800', cap with 35' cement.
Locate leak in casing. Additional procedure will be submitted.

*approved subject to the operator either
repairing the leak(s) or P&A'ing the well,
depending on the circumstances*

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

SIGNED RD Pite	TITLE Area Engineer	DATE 12-9-81
(This space for Federal or State office use)		
APPROVED BY (Orig. Sgd.) RAYMOND W. VINYARD	TITLE ACTING DISTRICT SUPERVISOR	DATE DEC 18 1981
CONDITIONS OF APPROVAL, IF ANY:		

*See Above
on 2*

NMOCC