

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42 R1421
5. LEASE DESIGNATION AND SERIAL NO.

NMp078155

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 plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Gulf Oil Corporation

3. ADDRESS OF OPERATOR
Box 670, Hobbs, New Mexico 88240

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

660' FSL & 1980' FEL, Section 1, 25-N, 13-W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, or GL)

6239' GL

7. UNIT AGREEMENT NAME

West Bisti Unit

8. FARM OR LEASE NAME

9. WELL NO.

165

10. FIELD AND POOL, OR WILDCAT

Bisti Lower Gallup

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

Sec 1, 25-N, 13-W

12. COUNTY OR PARISH 13. STATE

San Juan New Mexico

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) Well Status Report ☐

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

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.)*

Request one year extension. Will plug and abandon in 1976.

SEP 26 1975
U.S. GEOLOGICAL SURVEY

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

SIGNED O. F. Berlin

TITLE Area Engineer

DATE September 23, 1975

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side