

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

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

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <u>Gulf Oil Corporation</u>		8. FARM OR LEASE NAME <u>Marye Federal</u>	
3. ADDRESS OF OPERATOR <u>Box 670, Hobbs, New Mexico 88240</u>		9. WELL NO. <u>9</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>1650' GN & EL, Section 1, 25-N, 13-W</u>		10. FIELD AND POOL, OR WILDCAT <u>Undesignated Pict Cliffs</u>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 1, 25-N, 13-W</u>	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>6214' GL</u>		12. COUNTY OR PARISH <u>San Juan</u>	
		13. STATE <u>New Mexico</u>	

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 checked="" 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) <input 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.)*

1350' TD.

Reached total depth of 4-3/4" hole at 1350' at 11:00 AM, October 24, 1975. Ran 43 joints and 4 subs of 2-7/8" OD 6.50# EUE 8 RT J-55 tubing (Casing). Total of 1350'. Set and cemented at 1350' with 300 sacks of Class B cement. WOC 18 hours. Temperature survey indicated top of cement at 10'. WOC over 48 hours. Tested tubing with 1500#, 30 minutes, OK.



NOV 6 1975

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

SIGNED D.T. Berlin TITLE Area Engineer DATE November 4, 1975

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: