Form 9-331 (May 1963)	UNITED STATE		SUBMIT IN TRIPLICATE	Form approv	ed.	
DEPARTMENT OF THE INTERIOR (Other instructions on re-				5. LEASE DESIGNATION	Budget Bureau No. 42-R1124.  5. LEASE DESIGNATION AND SERIAL NO.  SERVICE OF	
SUNDRY NO (Do not use this form for pro- Use "APPL	OTICES AND REP	ORTS Of	N WELLS  K to a uniferent reservoir.  osals.)	G. IF INDIAN, ALLOTTE	E OR TRIBE NAME	
1. OIL GAS				7. UNIT AGREEMENT NA	ME	
WELL WELL OTHER  2. NAME OF OPERATOR				West Bisti U	West Bisti Unit	
Gulf Oil Corporatio	n		TED \	O. PARM OR MASE NA	M. E.	
3. ADDRESS OF OPERATOR		DE	CEIVED	9. WELL NO.		
P. O. Box 670, Hobb  4. LOCATION OF WELL (Report location See also space 17 below)	s, NM 88240	J. I.L CI.	A 1 1 1 1	127		
See also space 17 below.) At surface	compand	1	MUN DO 12	10. FIELD AND POOL, O		
1980' FNL	& 1980' F <b>∜</b> L	i	CHRVEY	Bisti Lowe	r Gallup	
	>	1	S. GEOLOGICAL SURVEY FARMINGTON N. M.	SURVEY OR AREA	\	
14. PERMIT SO.	1 15 PIEUCES (CL.	U-	FARMING	Sec 28-T26	N-R13W	
	15. ELEVATIONS (Show		r, GR, etc.)	12. COUNTY OR PARISE	1 13. STATE	
16. CL_I		263' GL		San Juan	NM	
		ndicate Na	ture of Notice, Report, or	Other Data		
NOTICE OF INTENTION TO:				UENT REPORT OF:		
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING	WELL	
FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING C	ASING	
REPAIR WELL	ABANDON* CHANGE PLANS		SHOOTING OR ACIDIZING (Other)	ABANDONME	NT*	
(Other) Repair Casi		X	(Note: Report resul	its of multiple completion	on Well	
17. DESCRIBE PROPOSED OR COMPLETED proposed work. If well is direment to this work.) •	OURBATIONS (Clausely state	all pertinent		ipletion Report and Log for es, including estimated dai		
Locate casing	leak. Set cemer	nt retain	P at 4950', cap wi er 75' above casin retainer. <del>Te</del> st s	g leak. Cement		
Reverse sand of	ff RBP and POH.	RIH wit	h production equip	ment, hang off.		
			•	•		
				The state of the s		
			A Partie Committee Committ			
•						
			G,	$o_{\nu_j}$		
				1 10 Agn		
			\ \C_{\ell}	الم الحرب المراد		
				. 3 m.		
18. I hereby certify that the foregoin	+	ITLE	Area Engineer	DATE11.	-5-82	
(This space for FATO B)	Ald = m					
APPROVED IT	7	TTLE		D.1.T.C.		
CONDITIONS OF APPROVAL I	9 1982	* * * * * * * * * * * * * * * * * * *		DATE	······································	
Foul AMES	F. SIM		D 01			
DISTRICT	ENGINEER See !	instructions of	on Reverse Side	. 3 . 5	and the second second	