

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT TO INDICATE\*  
(Other instructions on reverse side)

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"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>NM-103492</b>	
2. NAME OF OPERATOR <b>Gulf Oil Corporation</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>Box 670, Hobbs, New Mexico</b>		7. UNIT AGREEMENT NAME <b>West Bisti Unit</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b>		8. FARM OR LEASE NAME	
		9. WELL NO. <b>115</b>	
		10. FIELD AND POOL, OR WILDCAT <b>Bisti Lower Gallup</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 20, 26-N-13-W</b>	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>6455' GL</b>	12. COUNTY OR PARISH <b>San Juan</b>	13. STATE <b>New Mexico</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

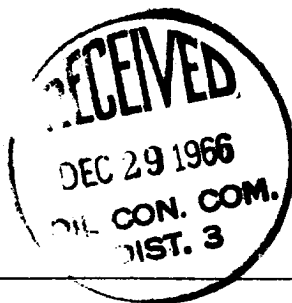
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)\*

5309' PB.

Treated 5-1/2" casing perforations 5255-5275' with 1500 gallons of 15% HCL acid down tubing. Flushed with 30 barrels of water. Swabbed 3 1/2 hours and recovered acid residue. Ran rods, pump and returned well to production. Before acid treatment, well pumped 1 barrel of oil and 41 barrels of water in 24 hours on test dated 11-7-66. After acid treatment, on test dated 12-19-66 pumped 28 barrels of oil and 198 barrels of water in 24 hours.



**RECEIVED**  
**DEC 28 1966**

U.S. GEOLOGICAL SURVEY

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

SIGNED C. D. BORLAND

TITLE Area Production Manager

DATE December 27, 1966

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side