

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

Form approved,
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 ☒ GAS WELL ☐ OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-013492
2. NAME OF OPERATOR Gulf Oil Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240	7. UNIT AGREEMENT NAME West Bisti Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 660' FWL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 114
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6556' GL	10. FIELD AND FOOT, OR WILDCAT Bisti Lower Gallup
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 20-T26N-R13W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

18. 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

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

(Other) Reperf & acidize

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

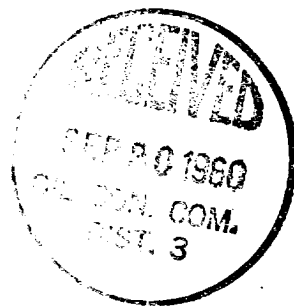
ALTERING CASING

ABANDONMENT*

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

17. DES. OF PROPOSED OR COMPLETED OPERATIONS (Fully 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 rods & pump. Clean out fill. Spot 300 gal 15% double inhibited HCL. POH with tubing. Perf 5354'-5369' with (1) 1/2" JHPF (15 holes). Acidize 5354'-5369' with 2000 gal 15% double inhibited HCL. Flow well back to pit or swab as necessary. GIH with tubing, pump & rods. Hang well on.



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

SIGNED

R. P. Pitter

TITLE

Area Engineer

DATE

9-24-80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

ok J. S.

TITLE

Area Engineer

SEP 29 1980

James F. Smith
JAMES F. SMITH

Area Supervisor

APPROVED