| DEPARTMENT GEOLOG | GICAL SURVEY | OR verse side) | on re- 5. LHARE DERIG | approved. et Bureau No. 42-R1424. INATION AND SBRIAL NO. 2 |
|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| SUNDRY NOTICES A (Do not use this form for proposals to dri "APPLICATION FO | | | | CUATION OR TEIN NAME |
| OIL GAB WELL OTHER NAME OF OPERATOR | | 655 | 7. UNIT AGREE West Bis 8. PARM OR LE | ti Unit |
| Gulf Oil Corporation L ADDRESS OF OPERATOR Box 670, Hobbs, New Mexico | 88240 | | 9. WELL NO. 103 | |
| 4. LOCATION OF WELL (Report location clearly and See also space 17 below.) At surface 7 FSL & 660° FEL, Section 18, | | State requirements. | Bisti Lo | POOL, OR WILDCAT WET GALLUP M., OR BLK. AND OR ARBA |
| 14. PERMIT NO. 15. BLEV | VATIONS (Show whether DF, | •• | Sec 18. | |
| 16 Cheek Annonview | | 12' GL | San Juan | New Mexic |
| Check Appropriate Notice of Intertaint to: | e Box to Indicate No | ature of Notice, Repor | t, or Other Data subspouder aspoar of: | |
| [| LTER CASING | WATER SHUT-OFF | | AIRING WELL |
| FRACTURE TREAT MULTIPLE SHOOT OR ACIDISE ABANDON® REPAIR WELL CHANGE PL | COMPLETE | PRACTURE TREATMEN | T ALT | ERING CASING |
| (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (proposed work. If well is directionally drille ment to this work.) | Clearly state all pertinent ed. give subsurface location | (Norm: Report Completion or | results of multiple com Recompletion Report and t dates, including estima vertical depths for all | Log form.) |
| (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (proposed work. If well is directionally drills | | (Norm: Report Completion or | Recompletion Report and | Log form.) |
| (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Opposed work. If well is directionally drille ment to this work.) | | (Norm: Report Completion or) details, and give pertinen one and measured and true | Recompletion Report and t dates, including estimate vertical depths for all | Log form.) ted date of starting an markers and sones perti |
| (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Opposed work. If well is directionally drille ment to this work.) | | (Norm: Report Completion or details, and give pertinen one and measured and true | Recompletion Report and t dates, including estime vertical depths for all | Log form.) Ited date of starting an markers and sones perti |
| (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Opposed work. If well is directionally drille ment to this work.) | | (Norm: Report Completion or details, and give pertinen one and measured and true | ECEIVEL OCT 17 1974 | Log form.) ted date of starting any markers and sones perti |