

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NOO-C-14-20-7464
2. NAME OF OPERATOR GULF OIL CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, NM 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FSL & 990' FWL		8. FARM OR LEASE NAME Navajo "LB"
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6130' GL		10. FIELD AND POOL, OR WILDCAT WAW Fruitland Pic. Cliffs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33-T26N-R12W
		12. COUNTY OR PARISH San Juan
		13. STATE NM

16. 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 ☐
(Other)

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Ran Surface Casing

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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.)*

Spudded 12 1/4" hole @ 4:30P, 1-26-80. Reached 141' @ 8P, 1-26-80. Ran 3 jts (130') 8-5/8" 24# K-55 ST&C csg. Set @ 141' & cmt w/100 sx Class "B" w/2% CaCl₂. Plug dn by Woodco @ 9:45P, 1-26-80. Circ 30 sx cmt. WOC 12 hrs*. Test csg to 500# for 30 min - held OK. Began drlg form @ 10A, 1-27-80, w/6-3/4" hole.

*Option 2: Volume of cmt slurry 1.18 cu. ft./sack, Class "B" cmt + 2% CaCl₂. Approx temp cmt slurry when mixed 60°. Estimated minimum form temp 60°. Estimated cmt strength at time of casing test 555#. Cmt in place 12 hrs prior to test.



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

SIGNED

R. R. Vaughn

TITLE Area Drlg Superintendent

DATE 2-4-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side

M. L. Kuchera