

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

078089

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Gulf Oil Corporation	8. FARM OR LEASE NAME E. Scott Federal
3. ADDRESS OF OPERATOR Box 670, Hobbs, New Mexico 88240	9. WELL NO. 11
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1120' GSL & 330' FWL, Section 25, 27-N, 11-W	10. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6521' GL
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 25, 27-N, 11-@
	12. COUNTY OR PARISH San Juan
	13. STATE New Mexico

## 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input checked="" 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.)\*

6770' PB.

Pull producing equipment. Check 4-1/2" casing for leak. If leak is indicated will squeeze with approximately 200 sacks of Class G cement. WOC 24 hours. Clean out with 3-3/4" bit and test casing with 500#, 30 minutes. Run 2-3/8" tubing and set at approximately 6693'. Swab and clean up and return well to production.

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

SIGNED

D. F. Berlin

TITLE

Area Engineer

DATE October 7, 1976

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Ok

\*See Instructions on Reverse Side