DEPARTMENT	ED STATES OF THE INTERIO	SUBMIT IN TRIPLICATE (Other instructions on reverse side)	
GEOLOGICAL SURVEY			078089
SUNDRY NOTICES A (Do not use this form for proposals to dr Use "APPLICATION FO	AND REPORTS ON the or to deepen or plug back or PERMIT—" for such property.	N WELLS t to a different reservoir. osals,)	
1.			7 UNIT AGREEMENT NAME
OIL WELL WELL OTHER 2. NAME OF OPERATOR Gulf Oil Corporation 3. ADDRESS OF OPERATOR Box 670, Hobbs, New Mexico 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface			
			S FARM OR LEASE NAME E. Scott Federal
			9 WELL NO.
			13
			1 J. FIELD AND POOL, OR WILDCAT
			Basin Dakota
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
1600' FSL & 900' FWL, Section	24, 27-N, 11-W		Can 2/ 27 M 11 M
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)		r, GR, etc.)	Sec 24, 27-N, 11-W 12. COUNTY OR PARISH 13. STATE
14. PARSIT NO.		3' GL	San Juan New Mexico
16. Check Approprie	ate Box To Indicate No	ture of Notice, Report, or	Other Data
NOTICE OF INTENTION TO			EQUENT REPORT OF:
DELL OR	ALTER CASING	WATER SHUT-OFF	REPAIRING WELL XXX
	E COMPLETE	FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE ABANDON		SHOOTING OR ACIDIZING	ABANDONMENT*
REPAIR WELL CHANGE	PLANS	(Other)	
(Other)		(Note: Report resu Completion or Recor	its of muitiple completion on Well appletion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS proposed work. If well is directionally dr nent to this work.) *	(Clearly state all pertinent illed, give subsurface location	details, and give pertinent dat ns and measured and true vert	es, including estimated date of starting any ficul depths for all markers and zones perti-
Pulled producing equipments of the second se	cks of Class B ce	ment. WOC 42 hour	s. Cleaned out and
	JAN	20 1977 ON. COM. DIST 3	JAN 19 1977
18. I hereby certify that the foregoing is true a SIGNED The Burling (This space for Federal or State office use)		ea Engineer	DATE January 18, 1977

TITLE

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

DATE _____