

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

S.F.  
NM-078089

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. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Gulf Oil Corporation		6. FARM OR LEASE NAME Scott "E" Federal
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		7. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1850' FNL & 790' FWL		8. FIELD AND POOL, OR WILDCAT Basin Dakota
14. PERMIT NO.		9. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 23-T27N-R11W
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6337' GL		10. COUNTY OR PARISH San Juan
		11. STATE NM

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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Run Packer, Acidize ☒ (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.)

POH with tubing; run guage ring to 6550'. Run packer & set at 6525'. GIH with seal assembly & 2-3/8" tubing. Acidize 6573'-6607' at 2-3 BPM or 3000# maximum treating pressure by pumping 1000 gals 15% FE HCL in 70 quality foam + NE agent + biocide as recommended (equivalent to 3350 gallons). Flow or swab well back.

Contrary to previous report, evidence indicates no casing leak.

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

SIGNED RDPite TITLE Area Engineer DATE 8-18-80

(This space for Federal or State office use)

APPROVED BY sk3u TITLE NMOCC DATE

CONDITIONS OF APPROVAL, IF ANY: