

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1121

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 ☐ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Gulf Oil Corporation

3. ADDRESS OF OPERATOR
P. O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
660' FNL + 1980' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether **BUREAU OF LAND MANAGEMENT** FARMINGTON RESOURCE AREA)

5. LEASE DESIGNATION AND SERIAL NO.
SF 078094

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Fullerton Fed

9. WELL NO.
5

10. FIELD AND TOWN, OR WILDCAT
Basin Dakota

11. SEC., T., R., W. OR ALK. AND SURVEY OR AREA
Sec 15-T27N-R11W

12. COUNTY OR PARISH 13. STATE
San Juan NM

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APR 12 1984

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☒	(Other) ☐	(Other) ☐
(Other) TA			

(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 up the. Set CIBP @ 6575' Cap CIBP up 400 ft cont. Road hole up inhibited fluid.

RECEIVED

APR 25 1984

OIL CON. DIV.
DIST. 3

Approved for 1 year

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

SIGNED R. P. Pite TITLE Area Engineer DATE 4-11-84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature]

CONDITIONS OF APPROVAL, IF ANY:

NMOCC

*See Instructions on Reverse Side