

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse 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. SF078094
2. NAME OF OPERATOR GULF OIL CORPORATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, New Mexico 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 1650' FNL & 790' FWL of Section 11, T-27N, R-11W	8. FARM OR LEASE NAME Fullerton Federal
14. PERMIT NO.	9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6077' GL	10. FIELD AND POOL, OR WILDCAT Basin Dakota
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11, T-27N, R-11W
	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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Abandoned Kutz Gallup; Repaired	
(Other)		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) Csg Lea	

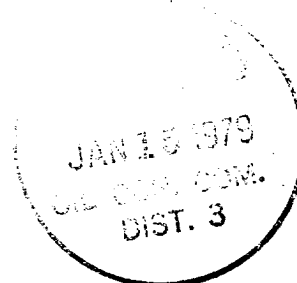
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

6551' PB.

Work performed between 11/24/75 and 1/7/76.

Pulled producing equipment. Squeezed Kutz Gallup perforations 5778' - 5869' with 200 sacks of Class "A" cement + 2% CaCl₂. Squeezed casing leak @ 2700' to 2788' with 400 sx of Class "A" cement + 2% CaCl₂. Drilled out cement squeezes & tested casing to 500# for 30 minutes; held o.k. Reran production equipment. Unable to produce Basin Dakota zone.

Well was closed-in January 15, 1976.



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

SIGNED H. B. Sikes Jr.

TITLE Area Engineer

DATE 01-08-79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE

JAN 11 1979