

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

SF-078094

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 Fullerton Federal Com
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240	9. WELL NO. 15
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 800' FSL & 800' FWL	10. FIELD AND POOL, OR WILDCAT W. Kutz Pictured Cliffs
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6191' GL
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11-T27N-R11W
	12. COUNTY OR PARISH San Juan
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Gas Connected

(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.) *

On line to El Paso Natural Gas at 9:15 A.M., 12-15-81 with 240# SITP at 214 MCF/D.

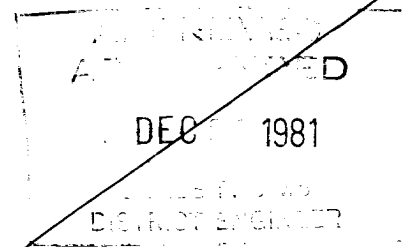


ACCEPTED FOR RECORD

DEC 30 1981

FARMINGTON DISTRICT

BY [Signature]



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

SIGNED R. D. Pitzer

TITLE Area Engineer

DATE 12-29-81

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NMOCC

*See Instructions on Reverse Side