Form 9-331 (May 1963)	SUBMIT IN TRIPLICATE (Other instructions on r	nuctions on re Budget Bureau No. 42-R1424.			
DEPARTMENT OF THE INTERIOR verse side)			5. LEASE DESIGNATION AND SERIAL NO.		
GEOLOGICAL SURVEY			SF-078092 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)			13,000	Z VII INIDA NAME	
I. OIL GAS WELL OTHER			7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR			8. FARM OR LEASE NAME		
Gulf Oil Corporation			Douthit "A" Federal -Com		
3. ADDRESS OF OFFRATOR P. O. Box 670, Hobbs, NM 88240			9. WELL NO.		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			6 10 FIFTH AND POOF O	10. FIELD AND POOL, OR WILDCAT	
See also space 17 below.) At surface				W. Kutz Pictured Cliff	
975 ' 1	FNL & 840' FEL		11. SEC., T., R., M., OR SUBVEY OR AREA	BLK, AND	
	Sec 27-T27N-R	11W			
14. PERMIT NO.	15. ELEVATIONS (Show whether the 6413 GL	F, RT. CR. etc.)	12. COUNTY OR PARISI	NM	
16. Check	Appropriate Box To Indicate I	Nature of Notice, Report, or	Other Data		
NOTICE OF	UBNT REPORT OF:				
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	WELL	
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURD TREATMENT	ALTERING C	DAIRO	
SHOOT OR ACIDIZE	- ABANDON*	SHOOTING OR ACIDIZING	ABANDONME		
REPAIR WELL	CHANGE PLANS	(Other) Perf, Ac	ts of multiple completion	X X	
(Other)		Completion or Recou	pletion Report and Log to	rm.)	
17. DESCRIBE PROPOSED OR COMPLETE proposed work. If well is d nent to this work.) *	p operations (Clearly state all pertine irectionally drilled give subsurface loc	nt details, and give pertinent date ations and measured and true vert	es, including estimated da- ical depths for all marker	te of starting any	
min 0#, AIR 7 BPM, 44,000# 10/20 sand	d & (30) 7/8" RCNB's. ISIP 250#, vac instant & (26) 7/8" RCNB's. M lling, perfing, acidizi	1y. Frac with 29,000 ax pres 1500# @ 12 BI) gals 70 qualit PM, ISIP 950#, 1	y foam, 15 min 700 #.	
•		•	•		
			•		
			1931		
		200 c			
18. I hereby certify that the forego	olur is true and correct	3			
SIGNED PD. A	it TITLE	Area Engineer	DATE	12-1-80	
(This space for Federal or Sta	te office use)				
APPROVED BY	TITLE		DATE		
CONDITIONS OF APPROVAL,	1E ANY:	- 00			