

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

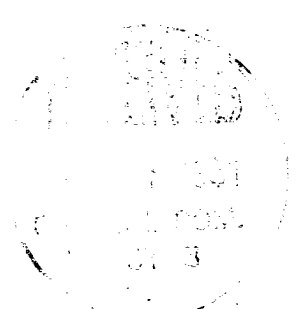
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. SF-078089	
2. NAME OF OPERATOR Gulf Oil Corporation		6. INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990' FSL & 1120' FWL		8. FARM OR LEASE NAME Scott "E" Federal Com	
14. PERMIT NO.		9. WELL NO. 19	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 6580' GL		10. FIELD AND POOL, OR WILDCAT W. Kutz Pictured Cliffs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22-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:		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) <u>Casing</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.) *

TD 4:30 A.M., 11-24-80. Complete logs 8 P.M., 11-24-80. RU & ran 72 joints 2-7/8" 6.5# J-55 EUE 8RD tubing (2235') set at 2245'. Cement with 250 sacks Natl Lite, 175 sacks Class "B" .5% NFL2. Plug down 2 P.M., 11-25-80. Circulate cement. WOC 18 hours. Test casing 4000#.



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

SIGNED R. L. Vaughn TITLE Area Drilling Superintendent DATE 2-25-81

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Area Drilling Superintendent DATE 2-25-81

CONDITIONS OF APPROVAL, IF ANY: