

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>SF-078092</b>	
2. NAME OF OPERATOR <b>Gulf Oil Corporation</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P. O. Box 670, Hobbs, NM 88240</b>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <b>At surface</b> <b>1850' FSL &amp; 1850' FEL</b>		8. FARM OR LEASE NAME <b>Douthit "C" Federal</b>	
14. PERMIT NO.		9. WELL NO. <b>1E</b>	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <b>6372' GL</b>		10. FIELD AND POOL, OR WILDCAT <b>Basin Dakota</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 34-T27N-R11W</b>	
		12. COUNTY OR PARISH <b>San Juan</b>	
		13. STATE <b>NM</b>	

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"/>

(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 7:30 A.M., 7-28-81. Finish logging 11:45 P.M., 7-28-81. RU & ran 161 joints 5½" 15.5# K-55 LT&C (6633') set at 6653', FC at 6611', DV tool at 4588'. Cement with 300 sacks Class "B" 4% gel with D-65, 200 sacks Class "B" with D-65. Plug down 5:50 P.M., 7-29-81. Circulate excess of 10 sacks above DV tool to surface. Cement second stage with 900 sacks Class "B" 16% Gulfmix and 100 sacks Class "B" neat. Plug down 9:10 P.M., 7-29-81. WOC 18 hours. TSTOC 500'. Test casing 1800#.

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

SIGNED [Signature] TITLE Area Drilling Superintendent DATE 8-11-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NMOCC