

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

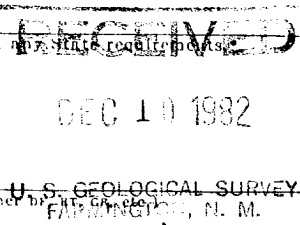
SUBMIT IN TRIPPLICATE  
(Other instructions on reverse side)

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 <input type="checkbox"/>   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>SE-078092 |  |
| 2. NAME OF OPERATOR<br>Gulf Oil Corporation  |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME             |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 670, Hobbs, NM 88240   |  | 7. UNIT AGREEMENT NAME                           |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with instructions on reverse side. See also space 17 below.)<br>At surface<br>1850' FSL & 1850' FEL |  | 8. FARM OR LEASE NAME<br>Douthitt "C" Federal    |  |
| 14. PERMIT NO.   |  | 9. WELL NO.<br>1E                                |  |
| 15. ELEVATIONS (Show whether by bench mark or by other reliable means)<br>6372' GL   |  | 10. FIELD AND POOL, OR WILDCAT<br>Basin Dakota   |  |
| 11. SEC. T. R. M. OR R.R. AND SURVEY OR AREA<br>Sec. 34-T27N-R11W  |  | 12. COUNTY OR PARISH<br>San Juan                 |  |
| 13. STATE<br>NM  |  |  |  |

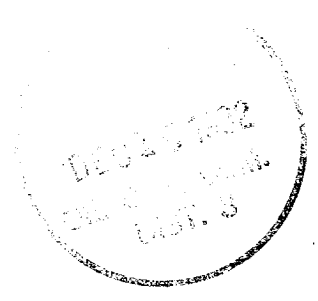


16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| 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>Gas Connected</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.) \*

Gas connected to El Paso Natural Gas at 10:45 A.M., 11-22-82.



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

SIGNED R. D. Pitre TITLE Area Engineer DATE 12-6-82

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

ACCEPTED FOR RECORD  
DATE \_\_\_\_\_

DEC 15 1982

\*See Instructions on Reverse Side

FARMINGTON DISTRICT  
SMW