

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42 R1424.  
3. LEASE DESIGNATION AND SPRING NO.

SF-078092

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"/>                                                   |  | 7. UNIT AGREEMENT NAME                                               |  |
| 2. NAME OF OPERATOR<br>Gulf Oil Corporation                                                                                                                        |  | 8. FARM OR LEASE NAME<br>Douthitt "C" Federal                        |  |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 670, Hobbs, NM 88240                                                                                                           |  | 9. WELL NO.<br>2E                                                    |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><br>790' FSL & 1850' FEL |  | 10. FIELD AND FOOT, OR WILDCAT<br>Basin Dakota                       |  |
| 14. PERMIT NO.                                                                                                                                                     |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec 27-T27N-R11W |  |
| 15. ELEVATIONS (Specify whether in ft., or, etc.)<br>6375' GL                                                                                                      |  | 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:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                            |                                     |                 |                                     |
|----------------------------|-------------------------------------|-----------------|-------------------------------------|
| WATER SHUT-OFF             | <input type="checkbox"/>            | REPAIRING WELL  | <input type="checkbox"/>            |
| FRACTURE TREATMENT         | <input type="checkbox"/>            | ALTERING CASING | <input type="checkbox"/>            |
| SHOOTING OR ACIDIZING      | <input type="checkbox"/>            | ABANDONMENT*    | <input type="checkbox"/>            |
| (Other) Perfd, Aczd, Fracd | <input checked="" type="checkbox"/> |                 | <input checked="" type="checkbox"/> |

(NOTE: Report results of multiple completion on Well Completion or Recommendation 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 zone pertinent to this work.)

Piped valves out of cellar, cleaned location and set PU anchors. Perf 6502-34' with (1) 1/2" JHPF & 6562-72' with (2) 1/2" JHPF. Spot 15% NE acid 6572'-6473'. Acidized with 40% gals 15% NEEF, (90) 7/8" RCNB's. Max pres 6500#, min 1000#, AIR 7.5 BPM, ISIP 200#, vac 30 sec. Frac with 15,500 gals 1% KCl FW x-linked gel, 35,625# sand, (30) 7/8" RCNB's. Screened out. Tag sand 3626', circulate clean. Tag sand 661', reverse to 6626'. Frac with 46,000 gals gel 1% KCl FW, 64,000# sand, 1000 gals 15% NE slick. Max pres 3000#, avg 2000#, min 1700#, AIR 32 BPM, ISIP 1000#, 5 min 810#, 10 min 720#, 15 min 640#. Ran 2-3/8" tubing to 6494', packer at 6463'. Complete after drilling, perming, acidizing and fracturing 9-13-81. Closed in waiting on pipeline connection.

18. I hereby certify that the above is a true and correct copy of the original.

SIGNED

*R. R. Pate*

TITLE Area Engineer

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL (If any)

TITLE

DATE

DATE

WACCG

\*See instructions on Reverse Side