Form 9-331 UNITED STATES SUBMIT IN TRIPLICATE (May 1963) DEPARTMEN F THE INTERIOR verse side) GEOLOGICAL SURVEY						5. LEASE DESIGNATION AND SERIAL NO. IC 030187			
		OTICES AND RE			ofr.	6. IF INDIAN	, ALLOTTEE C	R TRIBE NAME	
OIL SAS OTHER							7. UNIT AGREEMENT NAME		
2. NAME OF OPERATOR						8. FARM OR	LEASE NAME		
Gulf Oil Corporation 3. ADDRESS OF OPERATOR							LaMunyon "A" Federal		
P. O. 4. LOCATION OF WELL	Box 670,	Hobbs, NM 8824 on clearly and in accordan	tO uce with any	DECE V		9. WELL NO. 1 10. FIELD A	ND POOL, OR V	VILDCAT	
At surfa@60' FNL, 1980' FWL, MAY 5							Langlie Mattix		
				U. S. GEOLOGICA HOBBS, NEW	AL SURVE MEXICO		-T23S-R3	37E	
14. PERMIT NO.	·	15. ELEVATIONS (Sho	ow whether DF	, RT, GR, etc.)		Lea	OR PARISH]	3. state NM	
16.	CL l.	A Pau Ta	Indianta N	Laura al Niata a Dan			<u></u>	1411	
check Appropriate box to malcule relative of Honce, Report, of C						iner Daia Ent report o	r.		
TEST WATER SHUT	F	PULL OR ALTER CASING	. [WATER SHUT-OFF		1	EPAIRING WEI	,	
FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATS	IENT		LTERING CASI	[]	
SHOOT OR ACIDIZE		ABANDON*		SHOOTING OR ACIE	DIZING) .	BANDONMENT*		
REPAIR WELL		CHANGE PLANS		(Other)	art require	of multiple co	malation on	No.	
17. DESCRIBE PROPOSED proposed work, nent to this work	or completed If well is dire	OPERATIONS (Clearly state ectionally drilled, give sul	e all pertinen bsurface locat			etion Report a including esti I depths for a			
closed and the are res to dete	in to the deplete sponsible ermine the	losed in when p is date. Poor I nature of the for the closed e feasibility o	conditio Langlio in stat	on of the surfa Mattix zone a cus. At presen	ce prod round t t a stu	lucing ed this well dy is ur	quipment Ubore nder way		
or the	property	•						:	
			•						
							•		
			emporary	'- 1- 29			•		
	·	as approval or	oires						
	2 Tr	his approvat of tabandonment ex	y -				. •		
•									
			•						
18. I hereby certify th	at the foregoly	g/s true and correct		_					

*See Instructions on Reverse Side

TITLE _

(This space for Federal or State office use)

APPROVED BY ______CONDITIONS OF APPROVAL, IF ANY:

J. S. GICLORICAL SUNYEY HOBBS, NIW MEXICO

MAY 8