

N. M. OIL CONS. COMMISSION
P. O. BOX 1980

Form 9-311
(May 1963)

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO 88240
PERMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-11124.

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 GAS WELL OTHER

2. NAME OF OPERATOR
Gulf Oil Corporation

3. ADDRESS OF OPERATOR
P. O. Box 670, Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with ~~MINERAL~~ **ROSWELL, NEW MEXICO**)
See also space 17 below.)
At surface
660' FSL & 510' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3288' GL

5. LEASE DESIGNATION AND SERIAL NO.
LC 030187

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
C. E. LaMunyon

9. WELL NO.
20

10. FIELD AND POOL, OR WILDCAT
Teague Blinebry

11. SEC. T. R. M. OR RLE. AND SURVEY OR AREA
Sec 22-T23S-R37E

12. COUNTY OR PARISH
Lea

13. STATE
NM

10. 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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Repair Pressure <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.)

POH with production equipment. Set RBP at 3500', test 500#. Place 10' frac sand on RBP. Circulate casing. Perf 910' with (4) 1/2" JH 90° phased. Establish circulation. Set cement retainer at 800', test tubing 3000#. Pump 150 sacks Class "C" with 4% gel and 100 sacks Class "C" neat. Squeeze. Reverse excess cement. Wait on cement. Drill out cement and cement retainer, test casing 500#. Wash sand off RBP and POH. Acidize with 1000 gals 15% NEFE with checker-sol. RIH with production equipment.

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

SIGNED P. D. Pate TITLE Area Engineer DATE 10-27-82

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY
NOV 10 1982

FOR JAMES A. GILLHAM *See Instructions on Reverse Side
DISTRICT SUPERVISOR

RECEIVED

NOV 12 1982

O.C.D.
HOBBS OFFICE