

P. O. BOX 670 HOBBS, N.M. MEXICO 88240

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE (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 uniferent 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 any State requirements. See also space 17 below.)
At surface
1650' FNL & 330' FEL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, CR, etc.) _____

5. LEASE DESIGNATION AND SERIAL NO.
LC-030187

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
LaMunyon Federal

9. WELL NO. _____
4

10. FIELD AND POOL, OR WILDCAT
Langlie Mattix

11. SEC. T. R. M. OR BLC AND SURVEY OR AREA
Sec 21-T23S-R37E

12. COUNTY OR PARISH
Lea

13. STATE
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"/>	FULL 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) _____	(Other) _____

(Other) TA w/CIBP, test casing

(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 tubing. Set CIBP at 3470', test casing and CIBP 500#. If casing does not hold, RIH with packer to locate leak. Circulate hole with fresh water with corrosion inhibitor.

repair leak

RECEIVED

JUN 2 1983

OIL & GAS

ROSWELL, NEW MEXICO

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

SIGNED R.D. Pitzer TITLE: Area Engineer DATE: 5-27-83

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY: JUN 2 8 1983