

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC-030187

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR GULF OIL CORPORATION	7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 670, Hobbs, NM 88240	8. FARM OR LEASE NAME C. E. LaMunyon
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2150' FNL & 550' FEL	9. WELL NO. 49
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT Undes. No. Teague Devonian
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3303' GL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-T23S-R37E
	12. COUNTY OR PARISH 13. STATE Lea 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"/>	

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) <u>Ran surf csg & cmt</u> <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.)*

Spudded 12 1/2" hole @ 8PM, 7-18-79. Reached TD of 12 1/2" hole @ 7:30PM, 7-19-79 @ 1117'. Ran 28 & 1 cut jt 8-5/8" 24# K-55 ST&C csg (1105') & set @ 1117'. Cmt w/300 sx Class "C" w/6% gel & 200 sx Class "C" w/2% CaCl₂. Plug down comp @ 3:30AM, 7-20-79. Circ 10 sx cmt. WOC 18 hrs. Tested BOP to 1500#; tested csg to 1000# for 30 min - OK. Began drlg form w/7-7/8" hole @ 11PM, 7-20-79.

Work performed 7-18-79 thru 7-20-79.

RECEIVED

JUL 24 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED R.P. Vaughn

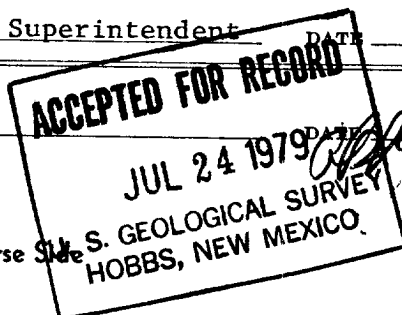
TITLE Area Drlg Superintendent

DATE 7-23-79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____



*See Instructions on Reverse Side

Faint, illegible text at the bottom left of the page.

RECEIVED

JUL 31 1973

O.C.D. HOBBS, OFFICE