

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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 "A"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 22-T23S-R37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

1.

OIL ☒ GAS ☐
WELL 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

1980' FWL & 1980' FNL

14. PERMIT NO.

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

3296' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Returned TA well to prod.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Entered well to clean out to attempt recompletion in Jalmat zone. Ran swab to check fluid level. Swabbed 2 BO. Ran rods & pmp & placed well on production. Work performed Nov. 29-Dec. 21, 1979. Well ppd 9 BO, trace wtr, & 73 MCF/D in 24 hours ending 1-17-80.

Application to Recomplete, Form 9-331C, dated 11-9-79 will be deferred at this time.

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

SIGNED

N. B. Sikes, Jr.

TITLE Area Engineer

DATE 1-21-80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side