

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK DRILL <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG BACK <input checked="" type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. IC-030187
b. TYPE OF WELL OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SINGLE ZONE <input checked="" type="checkbox"/> MULTIPLE ZONE <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 LaMunyon Federal "A"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)* At surface 1980' FWL & 1980' FNL At proposed prod. zone		9. WELL NO. 2
14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*		10. FIELD AND POOL, OR WILDCAT Jalmat
15. DISTANCE FROM PROPOSED* LOCATION TO NEAREST PROPERTY OR LEASE LINE, FT. (Also to nearest drlg. unit line, if any)		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-T23S-R37E
16. NO. OF ACRES IN LEASE 80		12. COUNTY OR PARISH Lea
17. NO. OF ACRES ASSIGNED TO THIS WELL 40		13. STATE NM
18. DISTANCE FROM PROPOSED LOCATION* TO NEAREST WELL, DRILLING, COMPLETED, OR APPLIED FOR, ON THIS LEASE, FT.		20. ROTARY OR CABLE TOOLS
21. ELEVATIONS (Show whether DF, RT, GR, etc.)		22. APPROX. DATE WORK WILL START* when approved

23. PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
Not available	10-3/4"	32.75#	313'	225 sx - circulated
Not available	5 1/2"	14#	3697'	300 sx - TOC @ 2325'

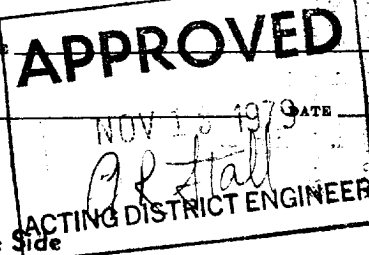
Abandon the Langlie Mattix zone by setting a CIBP @ 3475'± & cap w/35' cmt.
Test casing to 500#.

Recomplete in Jalmat zone by perforating in the approximate intervals 3125-27'; 3145-47'; 3154-56'; 3182-84'; 3207-09' & 3238-40' w/(2) 1/2" burrless, zero-phase, decentralized JHPF. (Exact perforations to be determined after examining GR-N-CCL log) Acidz each set of perms w/200 gal 15% NEFE inhibited HCl acid. Swab & test. Acidz all perms w/3600 gal slick 15% NEFE inhibited HCl acid & (20) 7/8" RCNBs. Swab & test well & report results to U.S.G.S.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED M. P. Sikes, Jr. TITLE Area Engineer DATE 11-9-79
(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____
APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions On Reverse Side