GEOLOGICAL SURVEY         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       WE'L       OTHER       7.         2.       NAME OF OPERATOR       P. O. Box 670, Hobbs, NM 88240       MAY 5       10.7.4         4.       LOCATION OF WELL (Report locatiou clearly and in accordance with any State requirements.* See also space 17 below.) At surface       U. S. GEOLOGICAL GURVEN       10.	FOTIA approved. Budget Bureau No. 42-R1421 LEASE DESIGNATION AND SERIAL NO. LC 030187 IF INDIAN, ALLOTTEE OR TRIDE NAME UNIT AGREEMENT NAME FARM OR LEASE NAME LaMunyon "B" Federal WELL NO. 1 FIELD AND FOOL, OR WILDCAT Langlie Mattix SEC. T., K., M., OR BLE. AND SUBVEY OR AREA Sec 22 T23S-R37E COUNTY OR PARISH 13. STATE
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       CAS         01L       CAS       OTHER         2. NAME OF OPERATOR       Image: Colspan="2">Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">May 5         1.       OIL       CAS         2. NAME OF OPERATOR       Image: Colspan="2">Image: Colspan="2">Colspan="2"Co	IF INDIAN, ALLOTTEE OR TEIDE NAME UNIT AGREEMENT NAME FARM OR LEASE NAME LaMunyon "B" Federal WELL NO. 1 FIELD AND FOOL, OR WILDCAT Langlie Mattix SEC. T., K., M., OR BLK. AND SURVEY OR AREA Sec 22 T23S-R37E COUNTY OR PARISH 13. STATE
1.       OIL WE'L XX WELL OTHER       OTHER       7.         2. NAME OF OPERATOR       Image: Comportation       Image: Comport of the second sec	FARM OR LEASE NAME LaMunyon "B" Federal WELL NO. 1 FIELD AND FOOL, OR WILDCAT Langlie Mattix SEC. T., R., M., OR BLE. AND SURVEY OR AREA Sec 22 T23S-R37E COUNTY OR PARISH 13. STATE
2. NAME OF OPERATOR <u>Gulf Oil Corporation</u> 3. Address OF OPERATOR <u>P. O. Box 670, Hobbs, NM 88240</u> 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. <sup>6</sup> See also space 17 below.) At surface U. S. GEOLOGICAL SURV U. S. GEOLOGIC	LaMunyon "B" Federal WELL NO. 1 FIELD AND FOOL, OR WILDCAT Langlie Mattix SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22 T23S-R37E COUNTY OR PARISH 13. STATE
3. ADDRESS OF OPERATOR       III         P. O. Box 670, Hobbs, NM 88240       MAY 5 10734         4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface       U. S. GEOLOGUAL SURVEY	WELL NO. 1 FIELD AND FOOL, OR WILDCAT Langlie Mattix SEC. T., R., M., OR BLE. AND SURVEY OR AREA Sec 22 T23S-R37E COUNTY OR PARISH 13. STATE
U. S. GEOLOGICAL SURVEY	Langlie Mattix SEC., T., N., M., OR BLK. AND SURVEY OR AREA Sec 22 T23S-R37E COUNTY OR PARISH 13. STATE
	SUBVEY OR AREA Sec 22 T23S-R37E COUNTY OR PARISH 13. STATE
·	COUNTY OR PARISH 13. STATE
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 12.	Lea NM
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other	
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE ABANDON* REFAIR WELL CHANCE PLANS (Other) (NOTE : Report results of m (Other) Temp. Add.	REFAIRING WELL
17. DESCRIBE PROPOSED ON COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, inclusion proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical dependent to this work.)* This well was closed in when purchased by Gulf on 1-1-77, and closed in to this date. Poor condition of the surface product and the depleted nature of the Langlie Mattix zone around this are responsible for the closed in status. At present a study to determine the feasibility of recompletion, secondary recover of the property.	has remained ing equipment s wellbore is under way
2 This approval of temporary?	••
•	
18. I hereby certify that the foregoing is true and correct SIGNED	DATE <u>4-28-78</u>

APPROVED	вγ	

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

TITLE \_

J. S. G. CLE HEAL CLE 27 RELATE CONTRACTOR 

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