

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 030187

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ 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

330' FNL & 990' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LaMunyon Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix

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

Sec 22, T23S-R37E

14. PERMIT NO.

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

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

Temp. Abd.

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)*

This well was closed in when purchased by Gulf on 1-1-77, and has remained closed in to this date. Poor condition of the surface producing equipment and the depleted nature of the Langlie Mattix zone around this wellbore are responsible for the closed in status. At present, a study is under way to determine the feasibility of recompletion, secondary recovery, or disposal of the property.

2nd

This approval of temporary

abandonment expires 7-1-79

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

SIGNED

H. S. Sikes, Jr.

TITLE

Area Engineer

DATE

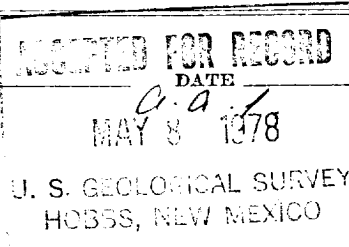
4-28-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side