

COPY TO O. G. C.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC-030187	
2. NAME OF OPERATOR Gulf Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FWL		8. FARM OR LEASE NAME C. E. LaMunyon	
14. PERMIT NO.		9. WELL NO. 13	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3284' GL		10. FIELD AND POOL, OR WILDCAT Imperial Tubb-Drinkard	
12. COUNTY OR PARISH Lea		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec 27-T23S-R37E	
13. STATE NM		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____ <input type="checkbox"/>	
(Other) Recomplete in Drinkard <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.)*

Perf 6419-23', 6470-74', 6494-98', 6528-32', 6580-84', 6618-22' with (1) 1/2" decentralized burrless JHPF (24 holes). Acidize each new set of perfs with 400 gal 20% inhibited NEPE HCL. Displace acid; swab and test.

RECEIVED

1980
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

APPROVED

OCT 8 1980

for DISTRICT SUPERVISOR

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

SIGNED *Glyn Stone* TITLE Area Engineer DATE 10-6-80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: