

COPY TO O. C. C.

Form 9-311  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on re-  
verse 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-030187</b>	
2. NAME OF OPERATOR <b>Gulf Oil Corporation</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>P. O. Box 670, Hobbs, NM 88240</b>		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 <b>1980' FNL &amp; 1980' FWL</b>		8. FARM OR LEASE NAME <b>C. E. LaMunyon</b>	
14. PERMIT NO.		9. WELL NO. <b>13</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3284' GL</b>		10. FIELD AND POOL, OR WILDCAT <b>North Teague Devonian</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 27-23S-37E</b>	
		12. COUNTY OR PARISH <b>Lea</b>	13. STATE <b>NM</b>

16. 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) <u>Hook-Up PL</u> <input checked="" type="checkbox"/>	
(Other) <u>Shut-in</u>		(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.)

Ran 2-7/8" tubing with BPOB, perf nipple, SN, TA, SN at 7401'. Set tubing anchor with 11,000#. WIH with pump & rods. Spool out well, hook up pumping equipment. Chemical squeeze for corrosion & Iron Sulfide. Now doing well study.

ACCEPTED FOR RECORD  
**AUG 22 1980**  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

RECEIVED

AUG 19 1980

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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

SIGNED RD Pitzer TITLE Area Engineer DATE 8-18-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: