

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(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. 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, New Mexico 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' FEL		8. FARM OR LEASE NAME C. E. LaMunyon	
14. PERMIT NO.		9. WELL NO. 16	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3283' GL		10. FIELD AND POOL, OR WILDCAT North Teague Devonian	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 27, T-23S, R-37E	
		12. COUNTY OR PARISH Lea	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Plug back, Reperforate & Acidize <input 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.)*

7430' PB.

9-14-78: Pulled producing equipment. Ran 4-1/2" cement retainer & set @ 7430'. Tested tubing to 3500# & casing to 500#. Squeezed perforations 7452-56' (total of 8 holes) with 100 sacks of Class "H" containing 6# salt per sack. Squeezed to 2500#. Reversed out 6 bbls cement. 9-15-78: Perforated new Devonian intervals with (3) 1/2" JHPF @ 7328-31', 7343-46', 7382-85' & 7398-401'. Ran treating equipment. 9-18-78: Straddled & acidized each set of new perforations 7328' - 7401' with 300 gallons 15% inhibited iron-stabilized HCl acid. Flushed with 47 bbls 8.6# kill fluid. Swabbed well. 9-20-78: Acidized perforations 7328' - 7401' with 4000 gallons 15% inhibited iron stabilized HCl acid & dropped (8) 7/8" RCNB sealers after each 10 barrels of acid. Flushed with 43 barrels 8.6# kill fluid. ISIP, 0#. AIR, 6 BPM. AIP, 2400#. Maximum pressure, 5000#. 9/23/78 - 10/10/78: Swabbed well & cleaned up. Pulled treating equipment. Ran producing equipment. 10-11-78: Returned well to production.

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

SIGNED W. B. Seikes, Jr.
(This space for Federal or State office use)

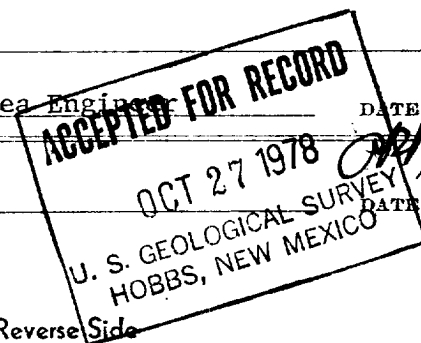
TITLE Area Engineer

DATE 10-24-78

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



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RECEIVED COMM.
JAN 11 1964

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