Form 9-331

UNITED STATES SUBMIT IN TRIPLIC

Form approved.

(M:	(ay 1963)	ONITED STATES		(Other instructions on r		u No. 42-R1424		
	DEPARTMENT OF THE INTERIOR (Other Instructions on re-				5. LEASE DESIGNATION	AND SERIAL NO.		
		LC-030187	LC-030187					
		NOTICES AND REPO			6. IF INDIAN, ALLOTTEE	OR TRIBE NAME		
1.	OIL X GAS WELL	OTHER			7. UNIT AGREEMENT NA	ME		
2 .	NAME OF OPERATOR			8. FARM OR LEASE NAME				
	GULF OIL CORPORA!	LaMunyon Federal "C"						
3.	ADDRESS OF OPERATOR	DRESS OF OPERATOR				9. WELL NO.		
	P. O. Box 670	Hobbs, NM 88240			1			
4.	LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface				10. FIELD AND POOL, OR WILDCAT Langlie Mattix			
	660' FNL & 1980'	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA						
	·				Sec 27 - T23			
14.	. PERMIT NO.	15. ELEVATIONS (Show w	hether DF, RT, G	R, etc.)	12. COUNTY OR PARISH	13. STATE		
		İ	•		Lea	l nm		
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data							
	NOTICE	QUENT REPORT OF:						
	TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING V	VELL		
	FRACTURE TREAT	MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CA	ASING		
	SHOOT OR ACIDIZE	ABANDON*	_	SHOOTING OR ACIDIZING	ABANDONME	NT*		

(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.)*

(Other) Filled Cellar

3675' TD 3632' PB

REPAIR WELL

(Other)

Piped valves off casing string above ground level. Filled Cellar - inspected by L. Clements & N. Clegg (6-26-79)

CHANGE PLANS

JUL 2" 1979

U. S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO

18. I hereby certify that the foregoing is true and correct SIGNED . SIGNED.	TITLE _	Area Engineer	DATE _	6-28-79
(This space for Federal or State office use) APPROVED BY	TITLE _	1535510 JOHN 1919C	JAN TE	
CONDITIONS OF APPROVAL, IF ANY:		OCICIA SUF	CO	
*Sec	: Instruct	ions on Reverse Side BS, NEW MEXI		