

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-030187

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C. E. LaMunyon

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

No. Teague Devonian

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

Unit A

Sec. 28-T23S-R37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL ☐ WELL GAS ☐ WELL OTHER SW Disposal Well

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

766' FNL & 554' FEL

14. PERMIT NO.

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

3294' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐
☐

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐
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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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.)*

PBTD 9446'. Frac well as follows:

3000 gal gel pad
2000 gal gel with 1/4# 20-40 mesh SPG
2000 gal gel with 3/4# 20-40 mesh SPG
2000 gal gel with 1 1/2# 20-40 mesh SPG
2000 gal gel with 2# 20-40 mesh SPG
Flush w/3000 gal non-crosslinked fluids

Cross-linked frac fluid: 40# low-residue Guar Gum/1000 gal 8.6# brine

25# Atomite Aqua/1000 gal 8.6# brine

NE agents as necessary

Breaker to be mixed in FW & added on fly for 8 hour break
time, calculated on frac fluid temp

Check PBTD; resume injection.

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

SIGNED

N.B. Seke, Jr.

TITLE Area Engineer

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

NOV 01 1979

ACTING DISTRICT ENGINEER

DATE

11-8-79