

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse 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

Teague Simpson

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

Sec. 28-T23S-R37E  
Unit A

12. COUNTY OR PARISH 13. STATE

Lea

NM

1.

OIL WELL ☐ GAS WELL ☐ OTHER Water 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.)

3282' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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.)\*

9447' PB. Will acidize water disposal well with 3000 gallons 20% NE Hcl acid.

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

SIGNED

*Elmer Stone*

TITLE

Area Engineer

DATE

10-17-79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

**APPROVED**  
OCT 18 1979  
*[Signature]*  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side

**RECEIVED**  
OCT 13 1979  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO