

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE\*  
(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

## 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR GULF OIL CORPORATION		8. FARM OR LEASE NAME C. E. LaMunyon	
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, New Mexico 88240		9. WELL NO. 6	
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		10. FIELD AND POOL, OR WILDCAT <i>Simpson</i> North Teague Devonian	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3282' GL	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28, 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)	<input checked="" type="checkbox"/>	Abandon No. Teague Devonian;	<input checked="" 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.)\*

\*\* Convert to SWD well

Pulled packer & tubing. Set cement retainer @ 7273'. Tested tubing to 4000#; held o.k. Squeezed perfs 7336-7342' with 50 sacks of Class "H" cement with 5# salt per sack & .6% Halad 22 with 30 sacks in formation abandoning North Teague Devonian. WOC 18 hrs. Clean out & tested abandoned perfs 7336-42' & previously squeezed perfs 7364'-7389' to 500# for 30 minutes; held o.k. Cleaned out to 9447'. Ran treating equipment & treated perfs 9340'-9440' with 6000 gallons 20% NE acid. Pulled treating equipment. Set Baker Model "D" packer @ 9100'. Ran 2-3/8" tubing & latched into packer @ 9100'. Set with 10,000# compression. Started injecting water @ 7:00 A.M., 7-1-78. Injected 528 barrels water @ 1200# tubing pressure.

Ran temperature survey & determined that all disposal water is going into Simpson McKee formation in approximate interval 9340' - 9510'.

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

SIGNED

TITLE Area Engineer

DATE 07-06-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

JUL 7 1978

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side