

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLIC
(Other instructions o...
verse side)

Form approved.
Budget Bureau No. 42-R1421.

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 <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-030187	
2. NAME OF OPERATOR Gulf Oil Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 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 766' FNL & 554' FEL		8. FARM OR LEASE NAME C. E. LaMunyon	
14. PERMIT NO.		9. WELL NO. 6	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3282' GL		10. FIELD AND POOL, OR WILDCAT North Teague Devonian	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28, T23S-R37E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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"/>

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 type="checkbox"/>	

(Other) Abandon N. Teague Devonian -Convert to

(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.)*

Pull packer and tbg. Set at 5" cement retainer at 7300'. Squeeze perfs 7336-7342' with 50 sacks Class H cement. WOC. Drill out excess cement and test squeezed perfs. Drill out cmt retainer at 7300' and cement to 8815'. Test abandoned perfs 7364-7389'. Drill out cement retainer at 8850' and cement to 9637'. Spot 20% NE acid from 9510-9250'. GIH with 5" packer and SN on 2 3/8" tbg to 9130'. Set pkr at 9130'. Acidize with 6000 gallons 20% NE acid. Set a 5" 15# pkr at 9100'. Begin salt water disposal operations.

Work to be done approximately 5-20-78.

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

SIGNED M. P. Sikes, Jr. TITLE Area Engineer DATE 5-8-78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

MAY 11 1978

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side