

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

U. S. MIN. COMS. COMMISSION  
P. O. BOX 1989  
HOBBS, NEW MEXICO 88240  
Form approved.  
Budget Bureau No. 42-R1124.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">RECEIVED</div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">DEC 23 1982</div> <div style="font-size: 0.8em; font-weight: bold; margin-top: 10px;">OIL &amp; GAS MINERALS MGMT. SERVICE ROSWELL, NEW MEXICO</div>	5. LEASE DESIGNATION AND SERIAL NO. LC 030107
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  1980' FNL & 660' FWL			8. FARM OR LEASE NAME C. E. LaMunyon
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3292' GL	9. WELL NO. 30
			10. FIELD AND TOOL, OR WILDCAT Teague Blinbry
			11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA Sec 22-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Repair Casing</u> <input checked="" type="checkbox"/>	
(Other) <input 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.) \*

POH with production equipment. Set RBP at 4013', test casing 500#. Spot 14 sacks sand on RBP. Perf 952' with (4) 1/2" JH 90. Establish circulation. Set cement retainer at 853', test casing 500#. Pumped 150 sacks Class "C" with 4% gel and 50 sacks Class "C" neat. Circulate 50 sacks 4% gel. Squeeze 1 barrel cement back in formation. Reverse cement. Drill cement and cement retainer. Test casing 500#. Reverse out sand. POH with RBP. GIH with tubing and packer to 5287'. Acidize with 1000 gals 15% NEFE HCL. GIH with pump and rods, hung on. Complete after repairing casing flow 11-30-82.

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

SIGNED R. P. Rite TITLE Area Engineer DATE 12-21-82

(This space for Federal Use)

APPROVED BY W. CHESTER TITLE  DATE

CONDITIONS OF APPROVAL JAN 17 1983

**RECEIVED**

**JAN 19 1983**

**O.C.D.  
HOBBS OFFICE**