

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO 88240
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

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.)

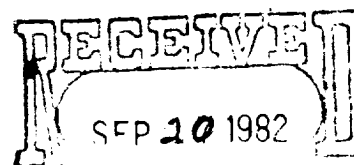
1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> SWD		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Gulf Oil Corporation		8. FARM OR LEASE NAME C. E. LaMunyon	
3. ADDRESS OF OPERATOR P. O. Box 670, Hobbs, NM 88240		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 2180' FEL		10. FIELD AND TOOL, OR WILDCAT San Andres	
14. PERMIT NO.		11. SEC., T., R., M., OR ALK. AND SURVEY OR AREA Sec 22-T23S-R37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3282' GL		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) <input type="checkbox"/>	
(Other) Repair Annular Pressure <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.)*

POH with tubing and packer. Set RBP at 3000', cover with 10' frac sand. Test RBP 500#. Circulate casing. Perf at 940' with (4) 1/2" JH 90° phased. Establish circulation through 5 1/2"-8-5/8" casing annulus. Set cement retainer at 850-875'. Test tubing 3000#. Pump 150 sacks Class "C" w/4% gel, 50 sacks Class "C" neat. Squeeze. Reverse excess cement. Drill out cement and cement retainer; test casing 500#. Wash sand off RBP and POH. GIH with tubing and packer; set packer at 4098'.



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED <u>R.D. Pitts</u>	TITLE <u>Area Engineer</u>	DATE <u>9-16-82</u>
(This space for Federal or State office use)		
APPROVED BY <u>JAMES A. GILLHAM</u>	TITLE <u>DISTRICT SUPERVISOR</u>	DATE <u>SEP 22 1982</u>
FOR <u>JAMES A. GILLHAM</u> DISTRICT SUPERVISOR		

*See Instructions on Reverse Side