

N. M. OIL CONS. COMMISSION

P. O. Box 380

HOBBS, NEW MEXICO 88240

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42-111

1. LEASE DESIGNATION AND SERIAL NO.
LC 030187

2. IF INDIAN, ALLOTTEE OR TRIBE NA

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a uniferent reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

3. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

4. NAME OF OPERATOR

Gulf Oil Corporation

5. ADDRESS OF OPERATOR

P. O. Box 670, Hobbs, NM 88240

6. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

460' FNN + 1980' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C.E. LaMayon

9. WELL NO.

39

10. FIELD AND ZONE, OR WILDCAT

Langlee North

11. SEC. T. R. S. M. OR R.R. AND SURVEY OR AREA

Sec 27-T23S-R31

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, CA, etc.)

3294' RKB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

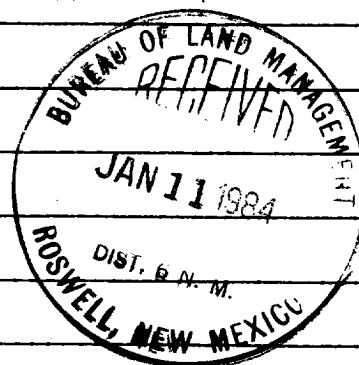
ALTERING CASING

ABANDONMENT*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log (Form.)

17. DESCRIBE PROMISED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a 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.)

For up the + pkr. RKB 23 1/8" thg, PN, SN; landed thg @ 3605'. RKB pmp + rods. Hung well on. Rpg 3 BO, 4 BW 1/131 MCF gas. Prior to work, fluid no fluid or gas.



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

SIGNED

R. D. Pite

TITLE

Area Engineer

DATE

1-6-84

(This space for Federal or State or County RECORD)

APPROVED BY

ELW

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAY 9 1984

*See Instructions on Reverse Side

Carlsbad NEW MEXICO

RECEIVED
MAY 11 1984
O.C.D.
HOBBS OFFICE

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