

N. M. OIL CONS. COMMISSION  
P. O. BOX 1930  
HOBBS, NEW MEXICO 88240  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 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 460' FNL & 1980' FWL		8. FARM OR LEASE NAME C. E. LaMunyon	
14. PERMIT NO.		9. WELL NO. 39	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND FOOT, OR WILDCAT Langlie Mattix	
		11. SEC. T. R. M. OR ALK. AND SURVEY OR AREA Sec 27-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>Gas Connected</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.)\*

Put well on line to El Paso Natural Gas at 10:00 A.M., 1-24-83.

RECEIVED

FEB 17 1983

OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO

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

SIGNED <u>RD Pite</u>	TITLE <u>Area Engineer</u>	DATE <u>2-16-83</u>
(This space for Federal or State use)		
ACCEPTED FOR RECORD		
APPROVED BY <u>W. G. GILBERT</u>	TITLE <u></u>	DATE <u></u>
CONDITIONS OF APPROVAL <u>FEB 18 1983</u>		

MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO \*See Instructions on Reverse Side

RECEIVED  
FEB 21 1983  
O.C.D.  
HOBBES OFFICE