

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, N.M. 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 2180' FNL and 560' FWL | | 8. FARM OR LEASE NAME C. E. LaMunyon |
| 14. PERMIT NO. | | 9. WELL NO. 47 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3292' GL | | 10. FIELD AND POOL, OR WILDCAT No. Teague Devonian |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22-23S-37E |
| | | 12. COUNTY OR PARISH Lea |
| | | 13. STATE N.M. |

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"/> |
| (Other) <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"/> Commence drlg opers & run csg. | |

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.)*

M-G-F Drilling Company Rig #10 spudded 12-1/4" hole at 7:00 p.m., 11-28-78. Reached total depth 1,105' of 12-1/4" hole at 11:30 a.m., 11-29-78. Ran 26 joints, 1097', of 8-5/8" OD 24# K-55 ST&C casing set at 1097'. Float collar at 1053'. Cemented with 300 sacks Class "C" with 6% Gel followed by 200 sacks Class "C" with 2% CaCl₂. Cement circulated. Plug down at 3:30 p.m., 11-29-78. WOC 18 hours. Tested 8-5/8" 24# casing to 1500# for 30 minutes, held OK.

Began drilling formation, 7-7/8" hole, at 10:00 a.m., 11-30-78.

RECEIVED

DEC 5 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED N. B. Sikes, Jr.

TITLE Area Engineer

DATE 12-1-78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

