Form 9-331 (May 1963)						Form approved. Budget Bureau No. 42-R1424. LC-030187		
		ICES AND Reals to drill or to do		WELLS k to a different reservoir. osals.)			OR TRIBE NAME	
1. OIL XX GAS						7. UNIT AGREEMENT NAME		
WE'LL WELL OTHER 2. NAME OF OPERATOR						S. FARM OR LEASE NAME		
GULF OIL CORPORATION 3. ADDRESS OF OPERATOR						C. E. LaMunyon 9. WELL NO.		
P. O. Box 670, Hobbs, NM 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface						48 10. FIELD AND POOL, OR WILDCAT North Teague Devonian 11. SEC., T., R., M., OR BLE. AND		
760' FNL &	2310' FEL				S.C	URVEY OR AREA		
14. PERMIT NO.		1	Show whether DF, R	r, GR, etc.)	12. cov	27-T23S-R NTY OR PARISH ea		
16.	Check Ap	propriate Box T	o Indicate Nat	ure of Notice, Report, o	or Other Da	ta		
NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:				
TEST WATER SHUT FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASI MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING COMMENCE (Other) Cemented (Note: Report res Completion or Reco	Drlg Ope: Casing ults of multip impletion Rep	REPAIRING WALTERING CA ABANDONMEN RATIONS & the completion of the	SING X	
ment to this work M-G-F Reached TD 8-5/8" 24# with 6% ge	Drilling ((1112') of K-55 ST&C 1 and 200 s	Company Rig : 12-1/4" ho casing, set	No. 10 spu 1e at 9:30 at 1100' ss "C" wit	details, and give pertinent days and measured and true velocities and true velocities and true velocities. AM, 12-21-78. R RKB. Cemented with 2% CaCl2. Plug	le at 6:0 an 28 jo th 300 sa	or all markers OO PM, 12 ints (108 acks of C	2-20-78.	
Teste	d 8-5/8" 2	# casing to	1500# for	30 minutes; held	OK.			
Began	drilling	Formation (7	-7/8" hole) at 8:45 AM, 12-	22-78.			
U U	CEIVE							
	EC 29 1978							
U. S . G หวล	EOLOGICAL SI BS. NEW MEX	URVEY (ICO						
18. I hereby certify th	at the foregoing if	true and correct					·	
SIGNED 1	8. St.	3s JA:	TITLE Are	a Engineer		ATE1	.2-28-78	
(This space for Fe	deral or State offi	ce use)		MULTIN 13.	978 17	K		
APPROVED BY CONDITIONS OF	APPROVAL, IF A	NY:	TITLE	1 DEVA	SIL	<u> </u>		

*See Instructions on Reverse Side