

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COM. DON
P. O. BOX 1980
HOBBS, NEW MEXICO 88240
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1124.

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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 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 2150' FNL & 550' FEL | | 8. FARM OR LEASE NAME C. E. LaMunyon |
| 14. PERMIT NO. | | 9. WELL NO. 49 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3303' GL | | 10. FIELD AND FOOT, OR WILDCAT Imperial Tubb Drinkard |
| | | 11. SEC., T., R., M., OR ALK. AND SURVEY OR AREA Sec 21-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) <input 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.) *

The above well was placed in a producing status 2-24-83. Gas on the same was connected 2-17-83.

RECEIVED

MAR 17 1983

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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

| | | |
|---|----------------------------|---------------------|
| SIGNED <u>R. D. Pith</u> | TITLE <u>Area Engineer</u> | DATE <u>3-15-83</u> |
| (This space for FURTHER COMMENTS) | | |
| APPROVED BY <u>J. C. CUSTER</u> | TITLE <u></u> | DATE <u></u> |
| CONDITIONS OF APPROVAL <u>MAR 16 1983</u> | | |

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side