

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. 91 CONC. MISSION  
P.O. BOX 1000  
SUBMIT IN TRIPPLICATE  
Other Instructions on  
reverse side  
HOBBS, NEW MEXICO 88240

Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

LC-032511 (F)

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 type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection Well</u>		7. UNIT AGREEMENT NAME <u>Stuart Langlie Mattix Unit</u>	
2. NAME OF OPERATOR <u>Gulf Oil Corporation</u>		8. FARM OR LEASE NAME	
3. ADDRESS OF OPERATOR <u>Box 670, Hobbs, NM 88240</u>		9. WELL NO. <u>115</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <u>At surface</u>  <u>1980' FNL &amp; 990' FWL</u>		10. FIELD AND POOL, OR WILDCAT  <u>Langlie Mattix</u>	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)  <u>3137' DF</u>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  <u>Sec 10-T25S-R37E</u>	
		12. COUNTY OR PARISH <u>Lea</u>	
		13. STATE <u>NM</u>	

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>Cleaned Out</u>	<input checked="" 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.) \*

POH with tubing and packer. Clean out to 3472'. GIH with packer and tubing.  
Set packer at 3174'. Circulate hole. Start injection. Work performed 10-22-81.

1981

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

SIGNED RDPite

TITLE Area Engineer

DATE 10-29-81

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE

ACCEPTED FOR RECORD

NOV 20 1981

U.S. GEOLOGICAL SURVEY  
BOSWELL, NEW MEXICO