

DEPARTMENT OF THE INTERIOR (reverse side)
GEOLOGICAL SURVEY

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection well | | 5. LEASE DESIGNATION AND NO. LC-032511 (F) |
| 2. NAME OF OPERATOR Gulf Oil Corporation | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR Box 670, Hobbs, New Mexico 88240 | | 7. UNIT AGREEMENT NAME Stuart Langlie Mattix Unit |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 990' FWL, Section 10, 25-S, 37-E | | 8. FARM OR LEASE NAME |
| 14. PERMIT NO. | | 9. WELL NO. 115 |
| 15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3137' DF | | 10. FIELD AND POOL, OR WILDCAT Langlie Mattix |
| | | 11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA Sec 10, 25-S, 37-E |
| | | 12. COUNTY OR PARISH Lea |
| | | 13. STATE New Mexico |

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) Perforate additional zone <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, and 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.)*

3621' PB.

Clean out to 3621' if necessary. Spot 200 gallons of 15% HCL acid across slotted section in 5" liner at 3481' to 3541'. Flush with water. Perforate 5" liner with 4, 1/2" JHPF at 3420-26' and 3434-40'. Run tubing and packer. Load tubing - casing annulus above packer with treated water. Set packer at 3240'. Resume injecting water.

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

SIGNED W. D. Kattyer TITLE Area Engineer DATE May 11, 1972

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAY 12 1972
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

RECEIVED

MAY 16 1972

OIL CONSERVATION COMM.
HOBBS, N. M.