

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP. DATE\*  
(Other instructions on re-  
verse side)

BUDGET CODE NO. 10-1-1-1  
5. LEASE DESIGNATION AND SERIAL NO.

LC-057180

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Gulf Oil Corporation		Stuart Langlie Mattix Unit
3. ADDRESS OF OPERATOR Box 670, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1315' FNL & 100' FWL, Section 10, 25-S, 37-E		9. WELL NO.  127
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  3143' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  Sec 10, 25-S, 37-E
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Acidized

(Other)

(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.)\*

3471' PB.

Treated 5-1/2" casing perforations 3374-78' with 1000 gallons of 15% MC acid. Flushed with 16 barrels of water. Average treating pressure 1900#. ISIP 1100#, after 5 minutes 900#. AIR 3.7 BPM. Treated perforations 3425-29' with 1000 gallons of 15% MC acid. Flushed with 17 barrels of water. Average treating pressure 1150#. ISIP 1000#, after 5 minutes 700#. AIR 1.8 BPM. Treated perforations 3454-56' with 1000 gallons of 15% MC acid. Flushed with 17 barrels of water. Average treating pressure 1000#. ISIP 900#, after 5 minutes 800#. AIR 1.2 BPM. Resumed injecting water.

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

SIGNED C. F. KALTEYER  
(This space for Federal or State office use)

TITLE Area Engineer

DATE June 13, 1972

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See instructions on Reverse Side

