STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
OPERATOR		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State [X]   Fee [ ]

5. State Oil & Gas Lease No.
A-1543-1

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 —" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL [ ]   GAS WELL [X]   OTHER:

Name of Operator
GULF OIL CORPORATION

Address of Operator
P.O. Box 670, Hobbs, NM 88240

Location of Well

UNIT LETTER __P__, __660__ FEET FROM THE __South__ LINE AND __660__ FEET FROM

THE __East__ LINE, SECTION __36__ TOWNSHIP __19S__ RANGE __36E__ NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Graham State (NCT-F)

9. Well No.
5

10. Field and Pool, or Wildcat
Monument McKee

15. Elevation (Show whether DF, RT, GR, etc.)
3586' GL

12. County
Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK [ ]
TEMPORARILY ABANDON [ ]
PULL OR ALTER CASING [ ]

PLUG AND ABANDON [ ]

CHANGE PLANS [ ]

OTHER __Recondition by adding new perfs__ [X]

SUBSEQUENT REPORT OF:

REMEDIAL WORK [ ]
COMMENCE DRILLING OPNS. [ ]
CASING TEST AND CEMENT JOB [ ]

ALTERING CASING [ ]
PLUG AND ABANDONMENT [ ]

OTHER _____ [ ]

7. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9882' TD. Test csg to 500#. POH w/pkr & tbg. Run Gamma Ray Neutron Collar log from TD
to 9300'. Perforate as directed by geologists on basis of log results. Treat as
necessary. Swab & test well.

Perforations & treatment will be reported on Form C-103, Subsequent Report of Reconditioning.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED _[signature: Glynn Stone]_   TITLE __Area Engineer__   DATE __2-1-80__

APPROVED BY _Also Signed By Jerry Sexton, Dist I, Supv._   TITLE _____   DATE FEB 4 1980

CONDITIONS OF APPROVAL, IF ANY: