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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
**B-8183 & 8184**

7. Unit Agreement Name  
**West Pearl Queen Unit**

8. Farm or Lease Name  
**Pearl Queen**

9. Well No.  
**08-12**

10. Field and Pool, or Wildcat  
**Pearl Queen**

12. County  
**Lea**

**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  OTHER

Name of Operator  
**Gulf Oil Corporation**

Address of Operator  
**Box 670, Hobbs, New Mexico**

Location of Well  
UNIT LETTER **L**, **1980** FEET FROM THE **South** LINE AND **660** FEET FROM THE **West** LINE, SECTION **28** TOWNSHIP **19-S** RANGE **35-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
**3731 GL**

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/> <b>Convert to water injection</b>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. 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.

Plans have been made to run dual strings of 2-1/16" plastic coated tubing, one Guberson Type "A" drillable packer, set at approximately 4772' and one Guberson type "RLG-2" dual packer set at approximately 4708'. Land both strings in compression with 9,000 to 10,000#. Start injecting water.

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

ORIGINAL SIGNED BY  
SIGNED C. D. BORLAND TITLE Area Production Manager DATE April 14, 1965

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: