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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-105
Supersedes Oil
C-102 and C-103
Effective 1-1-65

54. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-1587

7. Unit Agreement Name
West Pearl Queen Unit

8. Farm or Lease Name

9. Well No.
29-130

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.)

1. OIL WELL GAS WELL OTHER

2. Name of Operator
Gulf Oil Corporation

3. Address of Operator
Box 670, Hobbs, New Mexico

4. Location of Well
UNIT DEPTH **M** **660** FEET FROM THE **South** LINE AND **660** FEET FROM
West LINE, SECTION **29** TOWNSHIP **19-S** RANGE **35-E** NMPM.

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

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

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

Drilled deeper, acidised and frac treated

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.

5030' TD.

Drilled deeper with 3-7/8" bit to 5030'. Dumped 250 gallons of double inhibited acid ahead of frac. Frac treated open hole interval with 5500 gallons of gelled water containing 1/2 to 1# SPG. Flashed with 20 barrels of water. Treating pressure 3000#, ISIP 1100#, after 5 min 1100#. AIR 8.2 bpm. Ran tubing, rods and pump and returned well to production.

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 6, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: