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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.
E-5886

7. Unit Agreement Name
West Pearl Queen Unit

8. Farm or Lease Name

9. Well No.
136

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 CLEAN UP PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL GAS WELL OTHER- **Water Injection Wells**

Name of Operator
Gulf Oil Corporation

Address of Operator
Box 670, Hobbs, N.M. 88240

Location of Well
UNIT LETTER D 660 FEET FROM THE north LINE AND 710 FEET FROM
THE west LINE, SECTION 32 TOWNSHIP 19S RANGE 35E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3710' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

<p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>REPAIR OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <u>Repair communication</u> <input type="checkbox"/></p>	<p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p>	<p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER _____ <input type="checkbox"/></p>	<p>ALTERING CASING <input type="checkbox"/></p> <p>PLUG AND ABANDONMENT <input type="checkbox"/></p>
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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.

Recent test indicated communication. We will do whatever is necessary to alleviate this condition.

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

By C. R. Koryshwa TITLE Project Petroleum Engineer DATE 3-31-76

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: