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LAND OFFICE		
OPERATOR		

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Gulf Oil Corporation	7. Unit Agreement Name West Pearl Queen Unit
3. Address of Operator Box 670, Hobbs, New Mexico	8. Farm or Lease Name
4. Location of Well UNIT LETTER Q 1980 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 19-S RANGE 31-E NMPM.	9. Well No. 32-7
	10. Field and Pool, or Wildcat Pearl Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3720 GL	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
 TEMPORARILY ABANDON
 PULL OR ALTER CASING CHANGE PLANS
 OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
 COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
 CASING TEST AND CEMENT JOBS
 OTHER
Drilled deeper, acidized & frac treated

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.

5020' TD.

Drilled deeper with 3-7/8" bit to 5020'. Spotted 500 gallons of 15% NE acid on bottom. Frac treated open hole interval 5006 to 5020' with 5500 gallons of gelled water containing 1/2 to 1# SPG. Flushed with 2 1/2 barrels of water. Treating pressure 3100#, ISIP 1000#, after 5 min 500#. AIR 10.7 bpm. Ran 2-3/8" tubing, rods and pump and returned well to production.

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 9, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: