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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 XX	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-5841	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well		7. Unit Agreement Name West Pearl Queen Unit
2. Name of Operator Gulf Oil Corporation		8. Farm or Lease Name
3. Address of Operator Box 670, Hobbs, New Mexico		9. Well No. 22-8
4. Location of Well UNIT LETTER H , 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 12-S RANGE 35-E NMPM.		10. Field and Pool, or Wildcat Pearl Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3692 GL		12. County Lea

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

Acidized

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.

Pumped 500 gallons of 15% NE acid thru casing perforations 4750-52'. Flushed with 8 barrels of water. Returned well to injection service.

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

ORIGINAL SIGNED BY
C. D. BORLAND

SIGNED _____

TITLE **Area Production Manager**

DATE **April, 12, 1965**

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: