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NEW MEXICO OIL CONSERVATION COMMISSION C. C. C.

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

JAN 13 3 39 PM '67

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
A-1543-1

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 <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name Graham State (NCT-F)
3. Address of Operator Box 670, Hobbs, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER I 2310 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 36 TOWNSHIP 19-S RANGE 36-E N.M.P.M.	10. Field and Pool, or Wildcat Monument
15. Elevation (Show whether DF, RT, GR, etc.) 3503' 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 CHANGE PLANS
PULL OR ALTER CASING
OTHER **Squeeze perfs, reperforate & acidize**

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB
OTHER

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.

3825' PB.

Plans have been made to set Baker Model K retainer at approximately 3790' and squeeze 5-1/2" casing perforations 3798' to 3818' with 200 sacks of class C neat cement with .6% Haled 9, with minimum of 500# and not to exceed 1500#. WOC 12 hours. Perforate 5-1/2" casing with 4, 1/2" JHPF at 3752-54', 3763-65' and 3770-72'. Run 2-3/8" tubing and Baker Model A tension type packer with FCOB and SN above packer. Hang packer at approximately 3715'. Spot 1000 gallons of 15% NE acid over new perforations. Set packer in tension. Displace acid into formation and let set at least 1 hour. Swab well and return 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 D. BORLAND TITLE **Area Production Manager** DATE **January 13, 1967**

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: