

NEW MEXICO OIL CONSERVATION COMMISSION

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-DRILL OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (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 88240

4. Location of Well
UNIT LETTER L 1980 FEET FROM THE South LINE AND 660 FEET FROM
THE West LINE, SECTION 28 TOWNSHIP 21-S RANGE 37-E N.M.P.M.

7. Unit Agreement Name
Central Drinkard Unit

8. Farm or Lease Name
Drinkard

9. Well No.
116

10. Field and Pool, or Wildcat
Drinkard

12. County
Lea

15. Elevation (Show whether DF, RT, GR, etc.)
3463' DF

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <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.

6605' PB,
Pumped 1000 gallons of 15% NE HCL acid down 5-1/2" casing over perforations 6513' to 6600'. Returned well to production.

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

PREPARED BY D. F. Berlin TITLE Area Engineer DATE September 30, 1976

APPROVED BY [Signature] TITLE _____ DATE 10/1 1976

CONDITIONS OF APPROVAL, IF ANY: