

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

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.
 B-2431

7. Unit Agreement Name

8. Farm or Lease Name
 J. R. Holt (NCT-A)

9. Well No.
 5

10. Field and Pool, or Wildcat
 Fowler Upper Yeso

12. County
 Lea

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 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 0 810 FEET FROM THE South LINE AND 1980 FEET FROM
 THE East LINE, SECTION 16 TOWNSHIP 24-S RANGE 37-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
 3235' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOB

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

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.

5750' TD, 5719' PB.
 Reached total depth of 7-7/8" hole at 5750' at 8:00 AM, March 26, 1973. Ran logs.
 Ran 180 joints and 1 cut joint, 5736' of 5-1/2" OD 14# K-55 ST&C casing set and cemented
 at 5749' with 325 sacks of Class C cement with 16% gel, 2% salt, .2% D-31 and 170 sacks of
 Class C with .5% D-31. WOC & NU 10 hours. TS indicated TOC at 2300'. WOC over 48 hours.
 Tested 5-1/2" casing with 1500#, 30 minutes, OK.

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

SIGNED H. J. Brezeale TITLE Area Engineer DATE April 2, 1983

APPROVED BY _____ TITLE _____ DATE _____

COMMENTS OF APPROVAL, IF ANY: _____