

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY

OCT 24 1983

O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

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OPERATOR	☒

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FOR A PROPOSAL TO DRILL OR TO DEEPEN OR PLUG DATA IN A DIFFERENT RESERVOIR
USE "APPLICATION FOR PERMIT - 1" (FORM C-101) FOR SUCH PROPOSALS.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator C.C. Fulton

Address of Operator P.O. Box 1121 Artesia, N. M. 87010

Location of Well UNIT LETTER D 330 FEET FROM THE North LINE AND 330 FEET FROM
THE WEST LINE, SECTION 3 TOWNSHIP 17 RANGE 29

3a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-11662-0

7. Unit Agreement Name

8. Farm or Lease Name
Gulf State "B" Unit

9. Well No.
3

10. Field and Pool, or Wildcat
Square Lake G-5A

12. County
EDDY

15. Elevation (Show in Feet, RT, GR, etc.)

3615 GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

☐ FORM REMEDIAL WORK	☐ PLUG AND ABANDON	☐ REMEDIAL WORK	☐ ALTERING CASING
☐ TEMPORARILY ABANDON	☐ CHANGE PLANS	☐ COMMENCE DRILLING OPNS.	☐ PLUG AND ABANDONMENT
☐ OR ALTER CASING	☐	☐ CASING TEST AND CEMENT JOBS	☐
☐ OTHER	☐	☐ OTHER	☐

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.

10-18-83 175 sacks of Class H @ 11.1 lb. 2/1" GR-L back up to D V Tool @ 2197'

10-20-83 Pumped 500 Sacks H/L (1% salt per sack, 1/4# floreal) and 100 Sacks Class H (4% cc) threw D V Tool and overdisplaced cement past D V Tool.

10-21-83 Pumped 100 sacks Cement (1% Gel) plus 100 sacks Class H (2% Calcium Chloride) squeezed in D V tool.
Well died down water flow from surface - 750 bbl per day water flow.

10-23-83 Water Flow from annulus down to 2" bbl per day.

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

C. C. Fulton

Operator

DATE 10-24-83

For Record Only

APPROVED BY _____ DATE _____
SIGNATURES OF APPROVAL, IF ANY: