

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

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SANTA FE		
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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 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 W. A. Weir (NCT-A)
3. Address of Operator P. O. Box 670, Hobbs, NM 88240		9. Well No. 2
4. Location of Well UNIT LETTER <u>A</u> <u>990</u> FEET FROM THE <u>North</u> LINE AND <u>480</u> FEET FROM THE <u>East</u> LINE, SECTION <u>35</u> TOWNSHIP <u>19S</u> RANGE <u>36E</u> N.M.P.M.		10. Field and Pool, or WHdcat Eunice Monument
15. Elevation (Show whether DF, RT, GR, etc.) 3614' GL		12. County Lea

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 JOB <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>

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.

TD 12:20 P.M., 11-3-81; loggers complete 11:30 A.M., 11-4-81. RU & ran 90 joints 5½" 15.5# K-55 ST&C (3961') set at 3972'. Cement with 500 sacks Class "C" with 16% gel, 2% HACL & 400 sacks Class "C". Plug down 4:00 A.M., 11-5-81. Circulate cement to surface. WOC 18 hours. Drill cement. Test casing 2000#.

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

SIGNED W. Matthews TITLE Area Drilling Superintendent DATE 11-20-81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: