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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 31 3 38 PM '65

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>E-3510</b>	
7. Unit Agreement Name	
8. Farm or Lease Name <b>Lea State "CR" (ICT-A)</b>	
9. Well No. <b>2</b>	
10. Field and Pool, or Wildcat <b>Anderson Ranch Dev.</b>	
12. County <b>Lea</b>	

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"/>
2. Name of Operator <b>Gulf Oil Corporation</b>
3. Address of Operator <b>Box 670, Hobbs, New Mexico</b>
4. Location of Well UNIT LETTER <b>0</b> , <b>3300</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>2</b> TOWNSHIP <b>16-S</b> RANGE <b>32-E</b> N.M.P.M.
15. Elevation (Show whether DF, RT, GR, etc.) <b>4271 GL</b>

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

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIATION WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

**Abandon Devonian & recomple in Wolfcamp**

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.

**13,363' TD, 13,350' FB.**

It is proposed to plug back and recomple as follows: Set CI BP at approximately 9920' and cap with 2 sacks of sulfate resistant cement (21'). Perforate 5-1/2" casing at approximately 9720-9820' in 4, 2' intervals with 2, 1/2" JHPF. Run tubing open ended with packer. Displace hole with lease oil. Spot acid across new perforations, raise packer above acid column and set packer. Treat new perforations with approximately 6000 gallons of 15% NE acid. Flush with 42 barrels of slick formation water. After one hour, swab and test and return well 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 C. D. BOKLAND TITLE Area Production Manager DATE August 30, 1965

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: