NO. OF COPIES RECEIVED		
DISTRIBUTION		Form C-103 Supersedes Old
SANTA FE	NEW NEYICO ON MODISERVITION COMMENT	C-102 and C-103
FILE	NEW MEXICO ALLBOONSERVATION COMMISSION	Effective 1-1-65
U.S.G.S.		
LAND OFFICE	Dec 20 10 45 AM '66	5a. Indicate Type of Lease
OPERATOR		State Fee
		5. State Oil & Gas Lease No.
SUNDAY		B-4199
(DO NOT USE THIS FORM FOR PROPO	NOTICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. N FOR PERMIT	
	FFOR PERMIT -** (FORM C-101) FOR SUCH PROPOSALS.)	<u> </u>
OIL GAS WELL		7. Unit Agreement Name
Name of Operator	OTHER-	
Gulf 011 Corporation		8, Farm or Lease Name
. Address of Operator		Eddy-Lea State (NCT-A)
Box 670, Hobbs, New Mex	dee	9. Well No.
. Location of Well		1
		10. Field and Pool, or Wildcat
UNIT LETTER	FEET FROM THE LINE AND 2310	Namhh Audaman D. a an
	CINE AND FEET FI	and Morth Anderson Ranch WO
		and Anderson Ranch WO
	2 TOWNSHIP 16-S RANGE 32-E NM	
	2 TOWNSHIP 16-S RANGE 32-E NM 15. Elevation (Show whether DF, RT, GR, etc.)	
THE West LINE, SECTION	2 <u>TOWNSHIP</u> <u>16-S</u> <u>RANGE</u> <u>32-E</u> <u>NM</u> 15, Elevation (Show whether DF, RT, GR, etc.) 43091 GL	PM. 12. County I
THE West LINE, SECTION	2 TOWNSHIP 16-S 32-E NM 15. Elevation (Show whether DF, RT, GR, etc.) 4309' GL propriate Box To Indicate Nature of Notice Report of A	PM. 12. County I
THE West LINE, SECTION	2 <u>TOWNSHIP</u> <u>16-S</u> <u>32-E</u> <u>NM</u> 15. Elevation (Show whether DF, RT, GR, etc.) 13. Elevation (Show whether DF, RT, GR, etc.) 13. Elevation (Show whether DF, RT, GR, etc.) 13. Elevation (Show whether DF, RT, GR, etc.) 14309! GL Propriate Box To Indicate Nature of Notice, Report or G	PM. 12. County Let Other Data
THE West LINE, SECTION _	2 <u>TOWNSHIP</u> <u>16-S</u> <u>32-E</u> <u>NM</u> 15. Elevation (Show whether DF, RT, GR, etc.) 13. Elevation (Show whether DF, RT, GR, etc.) 13. Elevation (Show whether DF, RT, GR, etc.) 13. Elevation (Show whether DF, RT, GR, etc.) 14309! GL Propriate Box To Indicate Nature of Notice, Report or G	PM. 12. County I
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THE West LINE, SECTION LINE, SECTION	2 TOWNSHIP 16-S 32-E NM 15. Elevation (Show whether DF, RT, GR, etc.) 4309' GL propriate Box To Indicate Nature of Notice, Report or O ENTION TO: SUBSEQUE PLUG AND ABANDON REMEDIAL WORK	PM. 12. County Let Other Data INT REPORT OF: ALTERING CASING
ERFORM REMEDIAL WORK	2 TOWNSHIP 16-S 32-E NM TOWNSHIP 15. Elevation (Show whether DF, RT, GR, etc.) 15. Elevation (Show whether DF, RT, GR, etc.) 1309' GL propriate Box To Indicate Nature of Notice, Report or G ENTION TO: SUBSEQUE PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS.	PM. 12. County Let Other Data INT REPORT OF:
THE West LINE, SECTION _	2 TOWNSHIP 16-S RANGE 32-E NM 15, Elevation (Show whether DF, RT, GR, etc.) 15, Elevation (Show whether DF, RT, GR, etc.) 1309' GL Propriate Box To Indicate Nature of Notice, Report or G ENTION TO: SUBSEQUE PLUG AND ABANDON REMEDIAL WORK CHANGE PLANS COMMENCE DRILLING OPNS. CHANGE PLANS	PM. 12. County Let Other Data INT REPORT OF: ALTERING CASING
ERFORM REMEDIAL WORK	2 TOWNSHIP 16-S 32-E NM TOWNSHIP 15. Elevation (Show whether DF, RT, GR, etc.) 15. Elevation (Show whether DF, RT, GR, etc.) 1309' GL propriate Box To Indicate Nature of Notice, Report or G ENTION TO: SUBSEQUE PLUG AND ABANDON REMEDIAL WORK COMMENCE DRILLING OPNS.	PM. 12. County Let Other Data INT REPORT OF: ALTERING CASING

7. 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.

Drialed 11" hole to 3461'. Ran 105 joints and 1 cut joint, 3431', of 8-5/8" 32# J-55 ST&C casing set and comented at 3450' with 390 sacks of Class C with 2% Ca Cl2. Comented from surface with 100 sacks of Class C with 16% gel, 2% salt, .2% R-5, 435 sacks of Class C Neat and 100 sacks of Class C with 2% Ca Cl2. TS indicated TOC at 45' on second stage. ** WOC over 24 hours. Tested casing with 2000#, 30 minutes. OK.

Started drilling 7-7/8" hole at 3461' at 12:45 FM, December 13, 1966.

** TOC on first spage at 2225'.

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

SIGNED	TITLE Area Production Manager	DATE December 16, 1966
APPROVED BY	*ITLE	DATE