

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
LG 5543	

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation		8. Farm or Lease Name Lea "YH" State
3. Address of Operator P. O. Box 670, Hobbs, NM 88240		9. Well No. 2
4. Location of Well UNIT LETTER <u>P</u> <u>660</u> FEET FROM THE <u>South</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>25</u> TOWNSHIP <u>18S</u> RANGE <u>34E</u> NMPM.		10. Field and Pool, or Wildcat Airstrip Upper Bone Springs
15. Elevation (Show whether DF, RT, GR, etc.) 3958' GL		12. County Lea

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	
OTHER <u>Add Perfs in Airstrip Upper Bone Springs</u> <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input 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.

POH with production equipment. Perf 9257-59', 9231-33', 9207-09', 9185-87', 9162-64' with (2) 1/2" JHPF. Spot 20% double inhibited NEFE 9278'-9125'. Acidize with 12,000 gals gel pad, 12,000 gals 20% NEFE slick HCL, (20) RCNB's. Swab and Test.

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

SIGNED R. D. Pite TITLE Area Engineer DATE 10-8-82

ORIGINAL SIGNED BY

APPROVED BY JERRY SEXTON

CONDITIONS OF A DISTRICT 1 SUPR

TITLE

DATE

OCT 13 1982