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# NEW MEXICO OIL CONSERVATION COMMISSION

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.

## 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 Minerals, Inc.	8. Farm or Lease Name Gulf State
3. Address of Operator P.O. Box 1320, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER E 660 FEET FROM THE West LINE AND 1980 FEET FROM THE North LINE, SECTION 36 TOWNSHIP 19 S RANGE 34 E NMPM.	10. Field and Pool, or Wildcat Pearl Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3721 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 <input type="checkbox"/>

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" 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.

Pulled rods, pump and tbq. Removed retrievable bridge plug at 4700'. Ran Baker pkr and set at 4,700'. Swb tested perfs 4752 - 4890'. Acidized perfs 4752 - 4890' w/1000 gals 15% NE acid. AIR 2.5 BPM. Pulled Baker packer and reran tubing, pump and rods.

Well producing 5 BO prior to WO.  
Well producing 15 BO after WO.

Work Started: 7-13-76  
Work Completed: 7-18-76

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

SIGNED J. Moody TITLE Manager Of Operations And Construction DATE August 30, 1976

APPROVED BY [Signature] TITLE [Signature] DATE SEP 1 1976

CONDITIONS OF APPROVAL, IF ANY: None

RECEIVED

7 20 5 11976

C.L. CONSERVATION COMM.  
HOBBS, N. M.

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

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	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator **MINERALS, INC.**  
Address **P. O. BOX 2215, HOBBS, NEW MEXICO**  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☒ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)  
If change of ownership give name and address of previous owner **Caboon Expl. Corp.**

II. DESCRIPTION OF WELL AND LEASE  
Lease Name **Gulf State** Well No. **1** Pool Name, Including Formation **Pearl Queen** Kind of Lease **State**  
Location  
Unit Letter **E** ; **660** Feet From The **West** Line and **1980** Feet From The **North**  
Line of Section **36** , Township **19-S** Range **34-E** , NMPM, **Lea** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☒ or Condensate ☐  
**Shell Pipe Line Company** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 1910, Midland, Texas**  
Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐  
**Warren Petroleum Corporation** Address (Give address to which approved copy of this form is to be sent)  
**P. O. Box 1589, Tulsa 2, Oklahoma**  
If well produces oil or liquids, give location of tanks. Unit **E** Sec. **36** Twp. **19S** Rge. **34E** Is gas actually connected? **Yes** When **8-10-61**

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Pool Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  
Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)  
Length of Test Tubing Pressure Casing Pressure Choke Size  
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF

GAS WELL  
Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure Casing Pressure Choke Size

VI. CERTIFICATE OF COMPLIANCE  
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
**R. F. Montgomery**  
**President**  
**July 1, 1965**

OIL CONSERVATION COMMISSION  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.