NO. OF COPIES RECEIVED			rorm C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CO	DISERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State X Fee
OPERATOR			5. State Cil & Gas Lease No.
SUNE			
OIL X GAS WELL	OTHER•		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
Minerals, Inc.	Gulf State		
. Address of Operator	9. Well No.		
	Hobbs, New Mexico 8824	.0	
. Location of Well	660 FEET FROM THE West	LINE AND 1980 FEST FR	10. Field and Pool, or Wildcat Pearl Queen
THE North LINE, SEC	:TION 36 TOWNSHIP 19	IS RANGE 34 E NMF	·м. ////////////////////////////////////
	15. Elevation (Show whe		12. County Lea
is. Chec		e Nature of Notice, Report or (Other Data
	INTENTION TO:		NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
T T	· Loa Alto Abanton	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
EMPORARILY ABANDON	CHANGE PLANS	CASING TEST AND CEMENT JOB	PEGG AND ADAMOUNTER:
PULL OR ALTER CASING	CHANGE PLANS	OTHER	<u></u>
	;	OTHER	
OTHER			
	Operations (Clearly state all pertinent	details, and give pertinent dates, includ	ling estimated date of starting any proposed
work) SEE RULE 1 103.		2	
and set at 4.70	00'. Swb tested perfs 4	etrievable bridge plug at 1752 – 4890'. Acidized p Pulled Baker packer ar	peris 4 52 - 4890'
	5 BO prior to WO. 15 BO after WO.		
Work Started:	7–13–76		
Work Completed			
			,
-			
18. I hereby dertify that the informa	tion above is true and complete to the t		
10==	4	Manager Of Operations	
la M	TITLE	And Construction	August 30, 1976
SIGNED JOD	11162		
	(_) ~ = 194.4		
•	One Signed W		DATE SEP 1 197
ADDDOVED BY	Your Cayton TITLE		UATEULIUI

TITLE ____

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

/ .0511376

C.1 CONSERVATION COMM. NOBBS, N. M.

NO. OF COPIES RECEIVED		No.	
DISTRIBUTION	NEW MEXICO OIL E	ONSERVATION COMMISSION	Form C-104
SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-1
FILE		AND	Effective 1-1-65
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL O	SAS
LAND OFFICE	AUTHORIZATION TO TRA		
FRANSPORTER GAS			
OPERATOR			
PRORATION OFFICE			
Operator MINEPALS, INC.			
Address			
Reason(s) for filing (Check proper box	5, HORRS, NEW MEXICO	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil I Dry Go	as [
Change in Ownership	Casinghead Gas Conde	nsate 🔲	
Change in Switching			
If change of ownership give name and address of previous owner	Cubeen Expl. Corp.		
DESCRIPTION OF WELL AND	LEASE	I I Ver Formation	Kind of Lease
Lease Name		ame, Including Formation	
Galf State	1	Pearl Queen	State, Federal or Fee State
Location		2010	N7 4.2-
Unit Letter E; 660	Teet From The West Li	ne and 1980 Feet From	The NOTTO
	**************************************	5.3 PT 17.17.17	T.o. County
Line of Section 36 , T	ownship 19-S Range	, NMPM,	County
Name of Authorized Transporter of O		AS Address (Give address to which appropriate P. O. Box 1910, Midl	
Shell Pipe Line Com	Casinghead Gas or Dry Gas	P. O. Box 1910, Midl Address (Give address to which appropriate of the control of	and Texas oved copy of this form is to be sent) a 2. Oklahoms
Shell Pipe Line Con Name of Authorized Transporter of Co Werres Petroleum Co If well produces oil or liquids,	casinghead Gas or Dry Gas Or	P. O. Box 1910, Midl. Address (Give address to which appro-	oved copy of this form is to be sent)
Name of Authorized Transporter of Contract Petroleum Contract If well produces oil or liquids, give location of tanks.	or Dry Gas or Dry Gas Unit Sec. Twp. Rge.	P. O. Box 1910, Midl Address (Give address to which approximately approx	and Texas oved copy of this form is to be sent) a 2. Oklahoma hen
Name of Authorized Transporter of Contract Petroleum Contract If well produces oil or liquids, give location of tanks. If this production is commingled well are the commingle w	or Dry Gas or Dry Gas Unit Sec. Twp. Rge. With that from any other lease or pool	P. O. Box 1910, Midl Address (Give address to which appropriate to which appropriate to the propriate to the	and Texas oved copy of this form is to be sent) a 2 Oklahoma hen 8-10-61
Shall Pipe Line Com Name of Authorized Transporter of Company Petroleum Com If well produces oil or liquids, give location of tanks. If this production is commingled well. COMPLETION DATA	or Dry Gas	P. O. Box 1910, Midl Address (Give address to which appropriate to the property of the proper	and Texas oved copy of this form is to be sent) a 2 Oklahoma hen 8-10-61
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OIL CONSERVATION COMMISSION APPROVED

Choke Size

exceed top allow-

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.

resting Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

This form is to be filed in compliance with RULE 1104.

Casing Pressure

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.

July 1, 1965

Tubing Pressure

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 multip completed wells.