

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-70

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LAND OFFICE	
OPERATOR	

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 ☐ GAS WELL ☐ OTHER	3a. Indicate Type of Lease State ☒ Fee ☐
2. Name of Operator Gulf Oil Corp.	5. State Oil & Gas Lease No. LG 1630
3. Address of Operator P. O. Box 670, Hobbs, NM 88240	7. Unit Agreement Name
4. Location of Well UNIT LETTER <u>H</u> <u>1790</u> FEET FROM THE <u>North</u> LINE AND <u>900</u> FEET FROM THE <u>East</u> LINE, SECTION <u>16</u> TOWNSHIP <u>19S</u> RANGE <u>35E</u> NMPM.	8. Farm or Lease Name Lea "TZ" State
	9. Well No. 5
	10. Field and Pool, or Wildcat Schubert Spring
15. Elevation (Show whether DF, RT, GR, etc.) 3784' GL	12. County Lea

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER Log perforation ☒

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 up prod cap't. Sag CIBP @ 10,620. Ist CIBP 1000#. Ist
Cmt Net @ 9575' test Hg 2000 psi. Sq 9614-9626' w/100 sq
Cl "H" w/ fluid loss additive followed by 100 sq Cl "H."
Cap't w/10' Cmt. Ist sq 1502 psi. Circ hole. Perf 9650-54'
w/2).40 TH. Pump 15% HCL. Swab. Rec'd w/15% HCL. Swab. CIBP
up prod cap't. Hang on.

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

SIGNED James L. Lumsden TITLE AREA ENGINEER DATE 12-4-84

ORIGINAL SIGNED BY JERRY SEXTON

APPROVED BY DISTRICT ENGINEER

TITLE

DATE

DEC - 6 1984

CONDITIONS OF APPROVAL, IF ANY: