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NEW MEXICO **HUBBS OFFICE O. C. C.**
 CONSERVATION COMMISSION

MAY 29 3 27 PM '67

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. E-8183 & 8184	
7. Unit Agreement Name West Pearl Queen Unit	
8. Farm or Lease Name	
9. Well No. 124	
10. Field and Pool, or Wildcat Pearl Queen	
12. County Lea	

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. Well <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-	2. Name of Operator Elf Oil Corporation
3. Address of Operator Box 670, Hobbs, New Mexico 88240	4. Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 19-S RANGE 35-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3717' GL	

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 ☐
 OTHER ☐

PLUG AND ABANDON ☐
 CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

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

Acidized and Gypsol treatment

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.

4939' TD.

Treated 5-1/2" casing perforations 4730' to 4736' and open hole interval 4911' to 4939' with 500 gallons of FE double inhibited acid and 1000 gallons of 15% NE double inhibited acid and 1500 gallons of Gypsol. Returned well to production.

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

ORIGINAL SIGNED BY

SIGNED **C. D. BORLAND**

TITLE **Area Production Manager**

DATE **May 26, 1967**

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE