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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

Mar 5 1965

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B -1587

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	West Pearl Queen Unit
3. Address of Operator	8. Farm or Lease Name
Box 670, Hobbs, New Mexico	9. Well No.
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER N 660 FEET FROM THE South LINE AND 1980 FEET FROM	Pearl Queen
THE West LINE, SECTION 29 TOWNSHIP 19-S RANGE 35-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3741 GL	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 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"/>

Perforate and acidize

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.

4996' TD. Plans have been made to perforate additional zone in 5-1/2" casing at 4775-4785' with 2 JHFF. Treat new perforations with 1000 gallons of 15% HCl acid. Flush with 19 barrels of water. Clean out to TD. Run tubing, rods and pump and return well to production. Will convert to water injection later.

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

ORIGINAL SIGNED BY

C. D. BORLAND

SIGNED _____

TITLE **Area Production Manager**

DATE **March 8, 1965**

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: