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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-100
Supersedes G-11
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
E-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 West Pearl Queen Unit
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name
3. Address of Operator Box 670, Hobbs, New Mexico	9. Well No. 29-12
4. Location of Well UNIT DEEPER L 1980 FEET FROM THE South LINE AND 660 FEET FROM West LINE, SECTION 29 TOWNSHIP 19-S RANGE 35-E NMPM.	10. Field and Pool, or Wildcat Pearl Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3760 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 ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

Drilled deeper, acidized and frac treated

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.

5050' TD.

Drilled deeper with 3-7/8" bit to 5050'. Spotted 500 gallons of 15% HCl acid. Frac treated open hole interval with 5500 gallons of gelled water containing 1/2 to 1# SPG. Flushed with 25 barrels of water. Treating pressure 2900 to 3200#. ISIP 1100#, after 5 min 600#, AIR 8 bpm. Ran tubing, rods and pump and returned well to production. Will convert well to water injection service later.

13. 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 **April 6, 1965**

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: