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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101
Supersedes Old
C-102 and C-103
Effective 1-1-85

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. E-7418
7. Unit Agreement Name West Pearl Queen Unit
8. Farm or Lease Name
9. Well No. 105
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator Gulf Oil Corporation
3. Address of Operator Box 670, Hobbs, New Mexico
4. Location of Well UNIT LETTER A 660 FEET FROM THE North LINE AND 810 FEET FROM THE East LINE, SECTION 29 TOWNSHIP 19-S RANGE 35-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUS 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"/>	PLUS AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

Well Status Report

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 1709.

Well last produced in 1970. Will P & A in 1975.

Expires 10/1/75

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

SIGNED *B. J. Lambert* TITLE Area Engineer DATE October 16, 1974

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: