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NEW MEXICO OIL CONSERVATION COMMISSION

Form 1-1
Supersedes 1-107
C-102 and C-103
Effective 12-65

<p align="center">SUNDRY NOTICES AND REPORTS ON WELLS</p> <p align="center"><small>(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.)</small></p>		<p>4. State Oil & Gas Lease No. B-5885</p>
<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p>		<p>7. Unit Agreement Name West Pearl Queen Unit</p>
<p>2. Name of Operator Gulf Oil Corporation</p>		<p>8. Field or Lease Name Pearl Queen</p>
<p>3. Address of Operator Box 670, Hobbs, New Mexico</p>		<p>9. Well No. 99-15</p>
<p>4. Location of Well 0 660 FEET FROM THE South LINE AND 1980 FEET FROM East LINE, SECTION 30 TOWNSHIP 19-S RANGE 35-E NMPM.</p>		<p>10. Field and Pool, or Wildcat Pearl Queen</p>
<p>15. Elevation (Show whether DF, RT, GR, etc.) 3740 GL</p>		<p>12. County Lea</p>

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"/>
ILL OR ALTER CASING <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"/>	

T/A Report

16. Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.) SEE RULE 1103.

Well still carried as temporarily abandoned. No plans have been made at this time for further work on this well.

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

SIGNED _____ TITLE **Area Production Manager** DATE **April 7, 1965**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: