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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.

3-1638

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. 62-2 C
4. Location of Well UNIT DEPTH B 660 FEET FROM THE North LINE AND 1930 FEET FROM East LINE, SECTION 31 TOWNSHIP 19-S RANGE 35-E NMPM.	10. Field and Pool, or Wildcat Pearl Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3731 OL	12. County 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"/>	Convert to water injection. <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"/>	

16. 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.

5030' TD.

It is proposed to install dual strings of 2-3/8" plastic coated tubing, one Guiberson type "A" drillable packer set at approximately 4815' and one Guiberson type "RLC-2" dual packer set at approximately 4755'. (Packer will straddle perforations 4792 to 4798'). Set both strings in compression with 12,000 to 15,000#. Start injecting water.

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

SIGNED Area Production Manager TITLE Area Production Manager DATE March 25, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: