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# NEW MEXICO OIL CONSERVATION COMMISSION

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

|  |
|--|
| 5a. Indicate Type of Lease<br>State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No.<br>E-5886   |
| 7. Unit Agreement Name<br>West Pearl Queen Unit  |
| 8. Farm or Lease Name  |
| 9. Well No.<br>138   |
| 10. Field and Pool, or Wildcat<br>Pearl Queen  |
| 12. County<br>Lea  |

## SUNDY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REEVAL OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

|  |
|--|
| 1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well   |
| 2. Name of Operator<br>Gulf Oil Corporation  |
| 3. Address of Operator<br>Box 670, Hobbs, N.M. 88240   |
| 4. Location of Well<br>UNIT LETTER B, 660 FEET FROM THE north LINE AND 1980 FEET FROM THE east LINE, SECTION 32 TOWNSHIP 19S RANGE 35E, N.M.P.M. |

15. Elevation (Show whether DF, RT, GR, etc.)

3730' GL

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|  |  |  |   |
|--|--|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/>            | REMEDIAL WORK <input type="checkbox"/>               | ALTERING CASING <input type="checkbox"/>      |
| TEMPORARILY ABANDON <input type="checkbox"/>   | CHANGE PLANS <input type="checkbox"/>                | COMMENCE DRILLING OPNS. <input type="checkbox"/>     | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>  | OTHER: Repair Communication <input type="checkbox"/> | CASING TEST AND CEMENT JOBS <input type="checkbox"/> | OTHER <input type="checkbox"/>                |

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.

A recent test indicated communication. Will take appropriate steps to alleviate this condition.

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

|                                 |   |                         |
|---------------------------------|---|-------------------------|
| SIGNED <u>C. R. Kozekawa</u>    | TITLE <u>Project Petroleum Engineer</u> | DATE <u>3-31-76</u>     |
| APPROVED BY <u>[Signature]</u>  | TITLE <u>[Signature]</u>                | DATE <u>[Signature]</u> |
| CONDITIONS OF APPROVAL, IF ANY: |   |                         |