NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		FUECTIVE 1-1-03
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee
OPERATOR		5. State Oil & Gas Lease No.
······································		E-5886
(DO NOT USE THIS FORM FOR PRO	Y NOTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ON FOR PERMIT " (FORM C-101) FOR SUCH PROPOSALS.)	
1.	IN FOR PERMIT (FORM C-TUT) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL	OTHER.	West Pearl Queen Unit
2. Name of Operator		8. Farm or Lease Name
Gulf Oil Corporation		
3. Address of Operator		9. Well No.
Box 670 Hobbs New Mar	tan l	92-L O
Box 670, Hobbs, New Mex 4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER	660 FEET FROM THE North LINE AND 710 FEET	Peen Oneen
UNIT LETTER,,	FEET FROM THE LINE AND FEET	
THE	N 32 TOWNSHIP 19-8 RANGE 35-E	
THELINE, SECTIO	N TOWNSHIP RANGE 7	NMPM. AIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3710 GL	
NOTICE OF IN	Appropriate Box To Indicate Nature of Notice, Report o	
NOTICE OF IN	SUBSEQ	UENT REPORT OF:
PERFORM REMEDIAL WORK		
	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
OTHER Convert to water	injection	
17 Departies Departed on Complete 1.0	erations (Clearly state all pertinent details, and give pertinent dates, inc.	
17. Describe Proposed or Completed Ope	erations (cieurity state all pertinent details, and give pertinent dates, inc.	luding estimated date of starting any proposed

work) SEE RULE 1103.

Plans have been made to install dual strings of 12" plastic coated tubing, Guiberson Type "A" drillable packer, set at approximately 4816', Guiberson Type "REK" dual packer set at approximately 4756'. Land both strings in compression with 7,000 to 8,000#. Start injecting water.

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

 DATE
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