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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-5841	

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Gulf Oil Corporation		
3. Address of Operator		9. Well No.
Box 670, Hobbs, New Mexico		31-42
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER D , 660 FEET FROM THE North LINE AND 660 FEET FROM		Pearl Queen
THE West LINE, SECTION 33 , TOWNSHIP 19-S , RANGE 35-E NMPM.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3730 GL		Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐
OTHER ☐

Converted to water injection service

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.

Ran dual strings of 1 1/4" plastic coated tubing, one Guiberson Type "A" drillable packer, set at 4810' with 8000# compression and one Guiberson Type "RK" dual packer set at 4745' with 7500# compression. Started injecting water at 2:00 PM, April 21, 1965.

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

ORIGINAL SIGNED BY
C. D. BORLAND

SIGNED _____

TITLE **Area Production Manager**

DATE **April 23, 1965**

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: