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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	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>

5. State Oil & Gas Lease No.
E-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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		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. B-60
4. Location of Well UNIT LETTER F 1980 FEET FROM THE North LINE AND 1980 FEET FROM West LINE, SECTION 33 TOWNSHIP 19-S RANGE 35-E NMPM.		10. Field and Pool, or Wildcat Pearl Queen
15. Elevation (Show whether DF, RT, GR, etc.) 3702 GL		12. County Lea

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 **Deepen and frac treat**

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

11. 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.

Plans have been made to deepen with 3-7/8" bit from 4970' to 5015'. Frac treat open hole interval with 5000 gallons of gelled water containing 1/2 to 2# SPG. Run tubing, rods and pump and return well to production. Will convert well to water injection at a later date.

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

SIGNED C. D. BORLAND ORIGINAL SIGNED BY Area Production Manager TITLE March 22, 1965 DATE

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: