NO. OF COPIES RECEIVED]		
DISTRIBUTION	Form C-103 Supersedes Old C-102 and C-103		
SANTA FE			
FILE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65	
U.S.G.S.	APR 22 3 23 24 159	5a. Indicate Type of Lease	
OPERATOR		5. State Cil & Gas Lease No.	
	J	e, state en g das lease no.	
(DO NOT USE THIS FORM FOR PRO USE "APPLICAT	AND NOTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. ION FOR PERMIT _" (FORM C-101) FOR SUCH PROPOSALS.)		
1.		7. Unit Agreement Name	
OIL GAS WELL WELL	OTHER-		
2. Name of Operator		8. Farm or Lease Name	
Gulf Oil Corporation	G. C. Matthews		
3. Address of Operator		9. Well No.	
P. O. Ben 670, Hobb	5		
4. Location of Well		10. Field and Pool, or Wildcat	
UNIT LEFTER J,	2310 FEET FROM THE SOUTH LINE AND 2310 FEET FR	Monagent Elinebry	
THELINE, SECTION	DN 6 TOWNSHIP 208 RANGE 375 NM		
	NM	•••••••••••••••••••••••••••••••••••••••	
	12. County		
	3570' GL	Lea Allilili	
^{16.} Check	Appropriate Box To Indicate Nature of Notice, Report or (Other Data	
NOTICE OF IN		NT REPORT OF:	
		NT KEI OKT OF.	
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
PULL OR ALTER CASING	PLUG AND ABANDONMENT		
	CHANGE PLANS CASING TEST AND CEMENT JOB	Г	
OTHER Plug back and rec			
• · · · · · · · · · · · · · · · · · · ·			

Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent detes, including estimated date of starting any proposed work) SEE RULE 1103.

5636' PB. It is proposed to plug back and recomplete well in the Mommunt Grayburg San Andres Pool as follows:

Pull rods and tubing; set GI bridge plug at approximately 5500° and cap with 2 sacks of comment; test casing to 1000#. Run GR-N - GLL and perforate inthe approximate interval 3430° to 3600° with 2, $\frac{1}{2}$ ° JHFF; run tubing and packer and acidize to complete well.

18. I hereby certify th	hat the information above is true and complet	te to the best of my knowledge and be	lie.		
7					
i					
SIGNED		TITLE Area Production	Manager	DATE	4-22-69
	200				
APPROVED BY	CARAN	TITUE		DATE	
CONDITIONS OF AP	PROVAL, IF ANY:				