

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 12-1

SUNDRY NOTICES AND REPORTS ON WELLS

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

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5a. Indicate Type of Lease State ☒ Free ☐
2. Name of Operator <i>Gulf Oil Corp.</i>	5. State Oil & Gas Lease No. <i>E-5886</i>
3. Address of Operator <i>P.O. Box 670, Hobbs, NM 88240</i>	7. Unit Agreement Name
4. Location of Well UNIT LETTER <i>A</i> <i>875</i> FEET FROM THE <i>North</i> LINE AND <i>990</i> FEET FROM THE <i>East</i> LINE, SECTION <i>32</i> TOWNSHIP <i>19S</i> RANGE <i>35E</i> NMPM.	8. Name of Lease Name <i>Lea "A" State</i>
	9. Well No. <i>1</i>
	10. Field and Pool or Wildcat <i>N. Pearl in Ord.</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3232' GL</i>	12. County <i>Lea</i>

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

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER <i>Add perf, acy, frac</i> ☒	CASING TEST AND CEMENT JOBS ☐	

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.

POH w/ production eqpt. Perf 5755-58', 5762-65', 5812-18' w/ (2) 1/2" 180° JNPF. Acy w/ 15% NEFE, RCNB's. Swab + test. Frac w/ gel pad, 20/40 sd + RCNB's. Swab + test. G/H w/ production eqpt. Hang off. Return to prod.

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

SIGNED *R.D. Pite* TITLE *AREA ENGINEER* DATE *11-15-83*

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE *NOV 21 1983*

CONDITIONS OF APPROVAL, IF ANY: