NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Superseder Old
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION			C-102 and C-103 Effective 1-1-65
Filc			
U.S.G.S.			Sa. Indicate Type of Leane
LAND OFFICE			State Fran XX
OPERATOR			5, State Oil 6 Gas Leave Jo.
SUI (00 NOT USE THIS FORM FOR			
OR X WELL X WELL X	7. Unit September Govern		
2. Notin of operator	Central Drinkard Unit		
Gulf Oil Corporation	•		e. I drill of Leane Tanking
3. A Surece of Operator	<u> </u>		0.3// 11.25
			9. Well No.
Box 670, Hobbs, New Mexico 88240			158
			10. Field and Pool, or Willicat
UNIT LETTER C 660 FEET FROM THE NORTH LINE AND 1980 FEET FROM			FROM Drinkard
**	22		
THE West LINE, SI	ECTION 79	NSHIP 21-S RANGE 37-E	MPM.
	TTTTTT		
	15. Elevation	(Show whether DF, RT, GR, etc.)	12. County
	7//////	3488' GL	Lea
Chec	ek Appropriate Box To	o Indicate Nature of Notice, Report or	Other Data
	FINTENTION TO:		ENT REPORT OF:
			-
PERFORM PEMEDIAL WORK	PLUG AN	D ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE I	r	TEGO MAN ABARCOS MENT
		OTHER	٢٦٦
OTHER COMplete in Drinkard			()
•			
 Describe Proposed or Complete work) SEE RULE 1103. 	d Operations (Clearly state a	ell pertinent details, and give pertinent dates, inclu	ding estimated date of starting any proposed
66501 mp		V V	
6650' TD.	•		
Perforate Dri	nkard zone in 5	casing in the approximate inter	rval 6540' to 6640'. Run
treating equipment a	ind treat new perfo	orations with 5000 gallons of 1	15% HCL acid. Flush with
water. Swab and cle	an up. Pull trea	ting equipment. Run 2-3/8" tul	oing and set at approximatel
6600'. Run rods and	pump and place we	ell on production.	
		·	·
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		• •	
	,	. •	
8. I hereby certify that the informat	ion above is true and comple	te to the best of my knowledge and belief,	
. 0	and complete	to the own or my knowledge and better,	
CO TRAN		Area Engineer	Descrit 20 1075
IGNED J. V. UUU	שאנ	Area Engineer	December 22, 1975
	•		
PPROVED BY	order Cartes of the Cartes of the		•

CONDITIONS OF APPROVAL, IF ANY: