NO. OF COPIES RECEIVED		
DISTRIBUTION		Form C-103
SANTA FE		Supersedes Old C=102 and C=103
FILE	NEW MEXICO OIL CONSERVATION COMMISSIC	DN Effective 1-1-65
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE		State Fee X
OPERATOR		5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PRO USE "APPLICATI	Y NOTICES AND REPORTS ON WELLS Posals to drill or to deepen or plug back to a different reserv on for permit (form C-101) for such proposals.)	
		7. Unit Agreement Name
WELL WELL	Central Drinkard Unit	
2. Name of Operator	8. Farm or Lease Name	
Gulf Oil Corporation		
3. Address of Operator		9. Well No.
Box 670, Hobbs, New Mex	120	
4. Location of Well		10 Field and Deel as Will
UNIT LETTER ,	990 FEET FROM THE South LINE AND 330	FEET FROM Drinkard
THE East LINE, SECTION	30 TOWNSHIP 21-S RANGE 37-E	NМРМ. () () () () () () () () () () () () ()
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3481' GL	
16. Chack A		Lea
NOTICE OF IN	ppropriate Box To Indicate Nature of Notice, Rep	port or Other Data
NOTICE OF IN	SUE	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT J	
	ОТНЕЯ	
OTHER		
17. Describe Proposed or Completed Oper	CO & completed :	in Drinkard zone

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 1903.

6613' TD.

Ran 6-1/8" bit and cleaned out to 6613'. Treated open hole interval 6520' to 6613' with 3000 gallons of 15% HCL acid. Flushed with 40 barrels of treated water. Maximum pressure 6000#, ISIP vacuum. AIR 6.0 bpm. Pulled tubing and packer. Ran 2-7/8" tubing and set at 6570'. Swabbed and cleaned up and placed well on production.

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

SIGNED 31.	Breaseale	Area Engineer	DATE January 19, 1973
APPROVED BY	Jise D. REmer Dist L. Supr.		JAN 22 1973
CONDITIONS OF AP	PROVAL. IF ANY:	· · · · · · · · · · · · · · · · · · ·	