			Form C-103
NO. OF COPIES RECEIVED			Supersedes Old
DISTRIBUTION			C-102 and C-103
SANTA FE	NEW MEXICO OIL CON	SERVATION COMMISSION	Effective 1-1-65
FILE			5a. Indicate Type of Lease
U.S.G.S.			
LAND OFFICE			State State Oil & Gas Lease No.
OPERATOR			5. State Oil & Gas Lease No.
			THI THINK THE THE
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.)			
USE APPLICATION	T TOWN TOWN TO THE		7. Unit Agreement Name
OIL GAS WELL OTHER- Water Injection Well 2. Name of Operator			Central Drinkard Unit 8. Farm or Lease Name
•			
Gulf Oil Corporation 3. Address of Operator			9. Well No.
			139
Box 670, Hobbs, New Mexico 88240			10. Field and Pool, or Wildcat
4. Location of Well			
UNIT LETTER G . 1874 FEET FROM THE NORTH LINE AND 2086 FEET FROM			
THE East LINE, SECTION	32 TOWNSHIP 21-	-S RANGE 37-E NMPM.	VIIIIIIIIIIIIIIII
			12, County
	15. Elevation (Show whether		
		3451' GL	Lea
16. Check At	ppropriate Box To Indicate	Nature of Notice, Report or Ot	her Data
NOTICE OF INT		SUBSEQUEN	T REPORT OF:
NOTICE OF IN	ENTION TO:		
		REMEDIAL WORK	ALTERING CASING
PERFORM REMEDIAL WORK	PLUG AND ABANDON	-1	PLUG AND ABANDONMENT
TEMPORARILY ABANDON	_	COMMENCE DRILLING OPNS.	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
	_	OTHER	
OTHER		Acidized	
17. Describe Proposed or Completed Ope	(Clarify state all partinent d	erails and give pertinent dates, including	s estimated date of starting any proposed
 Describe Proposed or Completed Ope work) SEE RULE 1103. 	rations (Clearly State att pertment a	control, and grow promises	
6633' TD.		4411	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 0000 111 of 15% NV poid down tubing over 6-1/4" Open note interval 0000			
Pumped 3000 gallons of 13% NE actid down tabling over 2, minimum 3000#, ISIP to 6633'. Flushed with 30 barrels of water. Maximum pressure 3500#, minimum 3000#, ISIP			
1300#. AIR 4.5 BPM. Resumed injecting water.			
1300#. AIR 4.5 BIT. Resumed Injecting western			
			•
18. I hereby certify that the information	shave is true and complete to the be	st of my knowledge and belief.	
	_		
0/1/2	geale TITLE_	Amaa Enginaar	May 31, 1973
SIGNED / J. J. GTUCA	TITLE_	Area Engineer	DATE
	/		
			DATE