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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease

State ☐   Fee ☒

5. State Oil & Gas Lease No.

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.)

1.

OIL WELL ☐   GAS WELL ☐   OTHER- Water Injection Well

7. Unit Agreement Name

Central Drinkard Unit

2. Name of Operator

Gulf Oil Corporation

8. Farm or Lease Name

3. Address of Operator

P. O. Box 670, Hobbs, N.M. 88240

9. Well No.

129

4. Location of Well

UNIT LETTER __C__ , __660__ FEET FROM THE __north__ LINE AND __1980__ FEET FROM

THE __west__ LINE, SECTION __33__ TOWNSHIP __21S__ RANGE __37E__ NMPM.

10. Field and Pool, or Wildcat

Drinkard

15. Elevation (Show whether DF, RT, GR, etc.)

3469' DF

12. County

Lea

16.

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 ☐   COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

PULL OR ALTER CASING ☐   CHANGE PLANS ☐   CASING TEST AND CEMENT JOB ☐

OTHER Convert to Water Injection Service ☒   OTHER _____ ☐

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.

TD 6625'

Perforate 5" casing from approximately 6500' to 6525' with 2, ½" JHPF. Treat new perforations 6500' to 6525' and old perforations 6550' to 6600' with 3000 gallons 15% NE acid. Run 2-3/8" plastic coated tubing and Baker Model "R" double grip packer. Set packer at approximately 6475' with 10,000# compression. Start injecting water.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.
ORIGINAL SIGNED BY
C. D. BORLAND

SIGNED _____ TITLE Area Production Manager , DATE 4-25-67

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: