| NO. OF COPIES RECEIVED                    |                                                                                                                              | Form C-103                                                          |  |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| ·····                                     |                                                                                                                              | Supersedes Old                                                      |  |
| DISTRIBUTION<br>SANTA FE                  | NEW MEXICO OIL CONSERVATION COMMISSION                                                                                       | C-102 and C-103                                                     |  |
|                                           | NEW MEXICU OIL CONSERVATION COMMISSION                                                                                       | Effective 1-1-65                                                    |  |
| FILE                                      | <u> </u>                                                                                                                     | 5a. Indicate Type of Lease                                          |  |
| U.S.G.S.                                  |                                                                                                                              |                                                                     |  |
| LAND OFFICE                               |                                                                                                                              | State Fee XX<br>5. State Oil & Gas Lease No.                        |  |
| OPERATOR                                  |                                                                                                                              | 5, State Off & Gas Lease No.                                        |  |
| (DO NOT USE THIS FORM FOR<br>USE ** APPLI | DRY NOTICES AND REPORTS ON WELLS<br>PROPOSALS TO DRILL OF DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.<br>CATION FOR PERMIT |                                                                     |  |
| I.<br>OIL X GAS WELL                      | OTHER.                                                                                                                       | 7. Unit Agreement Name                                              |  |
| 2. Name of Operator                       | 8, Farm or Lease Name                                                                                                        |                                                                     |  |
| Gulf 0il Corporation                      | H. T. Mattern (NCT-B)                                                                                                        |                                                                     |  |
| 3. Address of Operator                    | 9, Well No.                                                                                                                  |                                                                     |  |
| Box 670, Hobbs, New                       | 16                                                                                                                           |                                                                     |  |
| 4. Location of Well                       | 10. Field and Pool, or Wildcat                                                                                               |                                                                     |  |
| UNIT LETTER D                             | Undesignated                                                                                                                 |                                                                     |  |
| UNIT LETTER                               | FEET FROM THELINE AND FEET FROM                                                                                              |                                                                     |  |
| West                                      | CTION 31 TOWNSHIP 21-S RANGE 37-E NMPM.                                                                                      | $\boldsymbol{\lambda} = \{1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1$ |  |
| THE WEST LINE, SET                        | CTION JI TOWNSHIP 21-5 RANGE JI NMPM.                                                                                        |                                                                     |  |
|                                           | 15. Elevation (Show whether DF, RT, CR, etc.)                                                                                | 12. County                                                          |  |
|                                           | 3511' GL                                                                                                                     | Lea                                                                 |  |
| <sup>16.</sup> Chec                       | k Appropriate Box To Indicate Mature of Notice, Report or Oth                                                                | er Data                                                             |  |
| NOTICE OF                                 | INTENTION TO: SUBSEQUENT                                                                                                     | REPORT OF:                                                          |  |
| []                                        | []                                                                                                                           | r1                                                                  |  |
| PERFORM REMEDIAL WORK                     | PLUG AND ABANDON REMEDIAL WORK                                                                                               | ALTERING CASING                                                     |  |
| TEMPORARILY ABANDON                       | COMMENCE DRILLING OPNS.                                                                                                      | PLUG AND ABANDONMENT                                                |  |
| PULL OF ALTER CASING                      | CHANGE PLANS CASING TEST AND CEMENT JOB XXX                                                                                  | F                                                                   |  |
|                                           | OTHER                                                                                                                        |                                                                     |  |
| 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 1703.

## 5877' TD.

Reached TD of 7-7/8" hole at 5877' at 11:00 AM, May 23, 1972. Ran 100 joints and 1 cut joint, 4213' of 5-1/2" OD 17# K-55 ST&C casing and 79 joints, 2627' of 5-1/2" OD 14# K-55 ST&C casing. Total of 179 joints and 1 cut joint, 5865'. Set casing at 5877' with DV tool at 3936'. Cemented first stage thru shoe with 180 sacks of Class C with 16% gel, 2% salt and .2% CFR-2 and 190 sacks of Class H with 1% CFR-2. Opened DV tool and circul= ated 4 hours. Cement did not circulate. Cemented second stage thru DV tool with 265 sacks of Class C with 16% gel, 2% salt and .2% CFR-2 and 100 sacks of Class C with .5% CFR-2. WOC & NU 8 hours. TS indicated top of cement at 2080'. WOC over 23 hours. Tested

casing with 1200#, 30 minutes, OK.

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

| SIGNED G_J. Ka                 | ltyn                            | TITLE Area Engineer | DATE | May 24, 1972 |
|--------------------------------|---------------------------------|---------------------|------|--------------|
| APPROVED BY                    | Orig. Signed by<br>Joe D. Ramey | TITLE               | DATE | MAY 26 1972  |
| CONDITIONS OF APPROVAL, IF ANY | Dist. I, Supv.                  |                     |      |              |



MAY 25 1972 OIL CONSERVATION COMM. HOBBS, N. M.

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