DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103
FILE	The makes of a contact (ATTOM Commission)	Effective 1-1-65
U.S.G.S.	_	Sa. Indicate Type of Lease
LAND OFFICE	7	State Fee X
OFERATOR	-	5. State Oil 6 Gas Lease No.
	_J	
LOO NOT USE THIS FORM FOR C	ORY NOTICES AND REPORTS ON WELLS ADDIALS TO BRILL OR TO DEFEN ON PEUG BACK TO A DIFFERENT RESERVOIR. ATION FOR FLAMIL " (FORM C-101) FOR SOICH PROPOSALS.)	
Shi XX well []	OTHER-	7, Unit Agreement Prime
2. Name of Operator		8, Fam or Lease Name
Gulf Oil Corporatio	n e	H. T. Mattern (NCT-B)
3. Address of Operator		9. Well No.
Box 670, Hobbs, N.	M. 88240	20
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER F	1980 FEET FROM THE NORTH LINE AND 1961 FEET FRO	Drinkard
•	THE ARD	
THEWest LINE. SECT	TION 31 TOWNSHIP 21S RANGE 37E NMP	
	NAMP.	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3486 * GL	Iea ()()()()
16. Check	Appropriate Box To Indicate Nature of Notice, Report or O	the Date
1101102 61 1	SUBSEQUE!	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
TEMPOHARILY ABANDON	COMMENCE DRILLING OPNS.	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB X	PLUG AND ABANDONMENT
THE ON ALTER CASING		
OTHER	OTHER	
VI 10.2		
17. Describe Proposed or Completed C	perations (Clearly state all pertinent details, and give pertinent dates, including	ng estimated date of starting any proposed
work) SEE RULE 1103.		
6790 TD. 6751 FB.	Reached TD of 7-7/8" hole at 6790 at 2:00 a.m.	, 10-17-75. Ran 170 joints
and 1 cut joint, 67'	75.40°, $5\frac{1}{2}$ " OD 15.5# K-55 LT&C Class A R-3 casin	g. Set at 6789* with
float collar at 675	1. Cemented with 350 sacks Cl. C with 16% gel f	'ollowed with 350 sacks
C1 C w/ 5% CFR_2 1	Maximum pressure 1800#. Plug down 5:15 AM 10-18-	75 with 2200#. WOC
& hours Temperature	e survey indicated top of cement at 2289. WCC	over 21 hours Tested
casing with 4000# fe		over 24 nours. leaded
casing with 4000# 10	or 30 minutes, Ok.	
	•	
18. I hereby certify that the information	n above is true and complete to the best of my knowledge and belief.	
Λ 0		
OT BODYIM	Area Engineer	10 01 <i>75</i>
SIGNED OLY WOUNT	TITLE OR THEPTATOR	DATE 10-21-75
1	11 0	7 9 1976
K men	SUPERVISOR DELACON	A A A STATE OF THE
APPROVED BY WAY	TITLE TITLE	DATE
CONDITIONS OF APPROVAL, F ANY	re de la companya de	