NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION			Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State XX Fee
OPERATOR			5, State Oil & Gas Lease No.
			A-1543-1
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 "APPLIO	CATION FOR PERMIT -" (FORM C-101) FOR SUC	H PROPOSA_S.)	7. Unit Agreement Name
OIL GAS WELL WELL	OTHES-		
2. Name of Operator			8. Farm or Lease Name
Gulf Oil Corporation			Graham State (CT-J)
3. Address of Operator			9. Well No.
Box 670, Hobbs, New Mexico 38240			10. Field and Pool, or Wildcat
4. Location of Well	440 Novelle	3/50	
UNIT LETTER	660 FEET FROM THE North	LINE ANDLOSU FEET FROM	Undes. Grayburg
East	2 5 23_6	36_F	
THE TIES LINE, SEC	CTICN 25 TOWNSHIP 21-	RANGE JO-LE NMPM.	
	15, Elevation (Show whether	DF, RT, CR, etc.)	12. County
		35 18' G.	lea ()
16. Chan	k Appropriate Box To Indicate N		
	K Appropriate Box to indicate in Intention to:		REPORT OF:
NOTICE OF	INTENTION TO.	3083240214	THE ONLY OF
PERFORM REMEDIAL WORK	PLIG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPES.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
Page on Acten Gasins		OTHER	
OTHER			
		Plugged back recomple	eted in Grayburg
17. Describe Proposed or Completed work) SEE RULE 1103.	Operations (Clearly state all pertinent det	ails, and give pertinent dates, including	estimated date of starting any proposed
51 36 ' 图 , 5270'。			
Set CI BP at 51	501. Dumped 2 sacks of ce	ment on tor of PF. Calc	ulated FB at 5136'.
Tested BP with 1000#, 30 minutes. OK. Ferforated 4-1/2" casing with 8, 1/2" JHFF at 3795-			
97' and with 7, 1/2"	JEEF at 3756-58! and 3725	-271. Treated new perfo	orations with 1000 gallon
of 15% ME acid and fi	rac with 20,000 gallons of	gelled water containing	o to 2# SPG. Flushed
with 2550 gallons of	gelled water. Maximum pr	essure 3900#. minimum 16	000#. ISIP 1000#. after
with 2550 gallons of gelled water. Maximum pressure 3900#, minimum 1600#, ISIP 1000#, after 15 minutes 600#. Swabbed and kicked off.			
	_, _, _, _,		
18. I hereby certify that the informat	ion above is true and complete to the best	of my knowledge and belief.	
ORIGINAL SIGNED) BY		
ORIGINAL SIGNED	o _{title} Ar	ea Production Manager	DATE February 12, 1969
1			- John -
APPROVED BY	Harried TITLE	• •	DATE
CONDITIONS OF APPROVAL IS	NIV:		
CONDITIONS OF APPROVAL, IF A			
<i>2</i>			