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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.

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name Graham State (NCT-J)
3. Address of Operator Box 670, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER B , 660 FEET FROM THE North LINE AND 1650 FEET FROM THE East LINE, SECTION 25 TOWNSHIP 21-S RANGE 36-E N.M.P.M.	10. Field and Pool, or Wildcat Paddock
15. Elevation (Show whether DF, RT, GR, etc.) 3518' GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐ CHANGE PLANS ☐
OTHER ☒ **Abandon Paddock & recomplete in Grayburgh.**

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
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.

5270' TD, 5225' FB.

Perforated $\frac{1}{2}$ " casing at 5201 to 5215' with 2, 1/2" JHPF. Treated perforations with 500 gallons of 15% HCl acid. No indication of commercial production from Paddock Zone.

It is now proposed to abandon Paddock and recomplete in Grayburgh as follows:

Set CI BF at 5150' and cap with 2 sacks cement. * Run GR-1 & CL log from 4000' to 2000'. Perforate $\frac{1}{2}$ " casing in the approximate interval 3680 to 3830'. Frac treat with 15000 gallons of gelled water containing 1 to 3# S.G. Swab and test.

* Pressure test with 1000#.

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

ORIGINAL SIGNED BY

SIGNED **C. D. BORLAND**

TITLE **Area Production Manager**

DATE **February 6, 1969**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: