NO. UP COLLES RECEIVED					Form C-103	
DISTRIBUTION					Supersedes Old C-102 and C-103	
SANTA FE	NEW MEXIC	O OIL CONS	ERVATION COMMISSIO	N	Effective 1-	
FILE	_				5a. Indicate Ty	on of Logge
U.S.G.S.					State State	Fee X
OPERATOR	-				5. State Oil & C	
or Evaluation						
SUNI	DRY NOTICES AND RE	PORTS ON	WELLS			
DO NOT LEETHIS FORM FOR PROPOSALS TO ORILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.						
1.					7. Unit Agreeme	ent Name
GIL GAS WELL COTHER-					8. Farm or Leas	a Nama
					Lou Wortham	
Anadarko Production Company 3. Address of Operator					9. Well No.	
P. O. Box 247, Hobbs, New Mexico 88240					2	
4. Location of Well					10. Field and Pool, or Wildcat	
UNIT LETTER E 1650 FEET FROM THE NORTH LINE AND 330 FEET FRO					Penrose-Skelly	
THE West LINE, SEC	:TION TOWN	22S	3 7E	KMPM.		
mmmmmm			·			
	15. Elevation		DF, KT, GR, etc.)		12. County	
		72 GL			Lea	
Chec	k Appropriate Box To	Indicate N				
NOTICE OF	INTENTION TO:		SUI	BSEQUENT	REPORT OF	·:
PERFORM REMEDIAL WORK	Ti via Ant	посиава	REMEDIAL WORK			
TEMPORARILY ABANDON	PEUG ANS	ABANJON	COMMENCE DRILLING CPNS	Ħ		RING CASING
PULL OR ALTER CASING	CHANGE 8	LANS	CASING TEST AND CEMENT	—	P2.0 G	AND ABANDONMENT
			OTHER			-
OTHER						
17. Describe Englosed or Completed	Operations (Clearly state a	l pertinent dete	ails, and give pertinent dat	es, including	estimated date of	starting any proposed
work) SEE RULE 1103.						
. RUPU and pull r		•				
. Sand pump to TD						
. Run Compensated	Neutron-Gamma	Ray Lo	g.			
. Run 41 frac st	ring & fractur	e treat	open hole sed	ction f	rom 357 2	'-3 7 00'
w/60,000 gals.	9# gelled brin	e & 110	,000# s an d.			
. Pull frac strin	g.					
. Perforate addit	ional zone 🖰 a	pprox 3	519 - 3 550'.			
. Run bridge plug						
. Fracture treat			9# gelled bri	ne & 7 0	,000# sa	nđ.
. Pull frac strin	=	J •	5		•	
0. Run 2" tubing		Dut we	11 numning			
	Toos and pump.	ruc we	rr bambrud.			
1. RDPU.						
18. I hereby certify that the informat	ion above is true and comple	te to the best o	of my knowledge and belief			
		_				OF 84
SIGNED	· · · · · · · · · · · · · · · · · · ·	TITLE Ar	ea Supervisor		DATE 6-	25-74
	Original Transfer					
	Joe D. Barry	.~	. 10.		e de la companya de l	
APPROVED BY	Dist. I. S. IV.	TITLE			DATE	

CONDITIONS OF APPROVAL, IF ANY: