NO. OF COPILS RECEIVED				
· · · · · · · · · · · · · · · · · · ·	·	Form C-103 Supersedes Old		
DISTRIBUTION		C-102 and C-103		
SANTA FE	NEW MEXICO OLL CONSERVATION COMMISSION	Effective 1-1-65		
FRE				
U.S.G.S.		Sa. Indicate Type of Lenne State X Fee		
LAND OFFICE				
OPERATOR		5. State Ofick Gas Learn Ho.		
		21771		
SL	INDRY NOTICES AND REPORTS ON WELLS	AHHHHHHHHH SALA		
(00 NOT USE THIS FOR \$ 100 T	OR FREPOSALS TO DILLE OF TO DELITEN OR PERSIONALS A DIFFERENT BUSERVOIP. F TEATION FOR PERMIT" (FORM C-101) FOR SUCH OROPOSALS.)	annanna ann		
01L [-] GAS [-	- ́	2. Unit Agreement Dame		
will will	OTHER- Water Injection Well West Do	llarhide Devonian Unit		
a, Name of Operator		8. Francis Lease Danie		
Gulf Oil Corporatio	n			
3. Address of Operator		9. Well No.		
Box 670, Hobbs, New	<u> </u>			
4. Location of Well		10. Field and Pool, or Valueat		
UNIT LETTER P	. 660 FEET FROM THE South LINE AND 330 FEET FROM	Dollarhide Devonian		
_	•	tile thill the the second s		
THE East LINE,	SECTION 32 TOWNSHIP 24-S RANGE 38-E NMPM.	AMAMMAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		
······································	WITHIN W THE REAL DE DE DE CD - L			
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County		
	3178' DF	Lea <u>AllIIII</u>		
is. Ch	eck Appropriate Box To Indicate Nature of Notice, Report or Oth	er Data		
NOTICE	OF INTENTION TO: SUBSEQUENT	REPORT OF:		
L		ا		
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING		
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT		
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	المعالم		
Repair suspec	ted casing leak, perforate	[]		
upper Devonian and acidize.				
A A				

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.

7765' PB.

Pull injection equipment. Locate suspected 5-1/2" casing leak and squeeze with sufficient amount of cement to circulate, if possible. WOC 24 hours. Clean out and test casing with 500, 30 minutes. Perforate 5-1/2" casing in the upper Devonian zone with 4, 1/2" JHPF at approximately 7578-95' Run treating equipment and treat new perforations with 2,000 gallons of 15% NE acid. Flush with brine water. Pull treating equipment. Run packers and single string of 2-3/8" dual equipment. Set bottom packer at approximately 7617' and top packer at 7520'. Resume injecting water.

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

.

SIGNED	O.F. Berlin	TITLE Area Engineer	DATE October 14, 1975
	Drig. Signed Ed		
APPROVED B	v	TITLE	DATE
		·	

CONDITIONS OF APPROVAL, IF ANY: