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NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-104
Effective 1-1-65

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well	10. Indicate Type of Lease State <input checked="" type="checkbox"/> <input type="checkbox"/> Fee
2. Name of Operator Gulf Oil Corporation	5. State Oil & Gas Lease No. B-1732
3. Address of Operator Box 670, Hobbs, New Mexico 88240	7. Unit Agreement Name Dollarhide Devonian Unit
4. Location of Well UNIT LETTER F , 1980 FEET FROM THE North LINE AND 779 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 24-S RANGE 38-E NMPM.	9. Well No. 101
15. Elevation (Show whether DF, RT, GR, etc.) 3183' GL	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER Repair suspected casing leak, perforate upper Devonian and acidize.			

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.

8056' PB.

Pull injection equipment. Locate suspected 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 upper Devonian zone in 5" liner with 4, 1/2" JHPF at approximately 7836-48'. 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 injection tubing. Set bottom packer at approximately 7956' and upper packer at 7766'. Resume injecting water.

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

SIGNED D. F. Berlin TITLE Area Engineer DATE October 14, 1975

Certified Signed by
John Runyan

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: