NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		
U.S.G.S.	je i sa karanta karant	5a. Indicate Type of Lease
LAND OFFICE		State Fee
OPERATOR		5. State Oil & Gas Lease No.
		B-229
SUNDR	RY NOTICES AND REPORTS ON WELLS	
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.)		
·		7. Unit Agreement Name
OIL GAS WELL	OTHER-	
. Name of Operator		8. Farm or Lease Name
Gulf Oil Corporation		Z. F. Janda (MCT-H)
. Address of Operator		9. Well No.
Box 670, Hobbs, New Max	rice 882k0	2
Box 670, Hobbs, New Mex. Location of Well	The state of the s	10. Field and Pool, or Wildcat
UNIT LETTER P	660 FEET FROM THE South LINE AND 660 FEET	FROM Langlie Mattix
ONIT CETTER,	FEET FROM THE LINE AND FEET	FROM
THE Best LINE SECTION	ON 11 TOWNSHIP 23-8 RANGE 36-B	
THE LINE, SECTION	ON TOWNSHIP RANGE N	MPM. ()
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3413' QL	
		Les
	Appropriate Box To Indicate Nature of Notice, Report of	r Other Data
NOTICE OF IN	NTENTION TO: SUBSEQL	JENT REPORT OF:
[ <del></del> -		
PERFORM REMED!AL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMER.
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	
OTHER	L	
a December December Completed Comple	perations (Clearly state all pertinent details, and give pertinent dates, incl	
work) SEE RULE 1103.	the position and good positions access the control of the control	adding communical data of starting any progression
alali m		
3696 PB.		
pumped 500 gal	llons of 15% NR acid down tubing over 4-1/2"	casing perferations 3601 -
3050'. Flushed with 15	barrels of oil. Swabbed and cleaned up and	returned well to production
		•
Q I horabu postifu that the information	shows is true and complete to the heat of my knowledge and half of	
8. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
ORIGINAL SIGNE	D BY	
ORIGINAL SIGNE	D BY	DATE <b>February 2, 1970</b>
ORIGINAL SIGNE	D BY	DATE February 2, 1970
ORIGINAL SIGNE	D BY	DATE <b>February 2, 1970</b>
ORIGINAL SIGNET	D BY	DATE DATE
ORIGINAL SIGNE	TITLE Area Production Manager	