

NEW MEXICO OIL CONSERVATION COMMISSION

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
 State Fee

5. State Oil & Gas Lease No.

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 GAS WELL OTHER-

2. Name of Operator
Gulf Oil Corporation

3. Address of Operator
Box 670, Hobbs, New Mexico 88240

4. Location of Well
 UNIT LETTER **J**, **1980** FEET FROM THE **South** LINE AND **660** FEET FROM
 THE **West** LINE, SECTION **8** TOWNSHIP **19-S** RANGE **37-E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Ejbert Shipp (NCT-B)

9. Well No.
1

10. Field and Pool, or Wildcat
Monument

15. Elevation (Show whether DF, RT, GR, etc.)
3715' GL

12. County
Lea

16. 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 <input type="checkbox"/>
		Acidized	

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.

4040' TD.
 Pumped 1000 gallons of 15% NE acid down tubing over open hole interval 3839' to 4040'.
 Flushed with 15 barrels of oil. AIR 2.25 bpm. ISIP vacuum. Returned well to production.

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

SIGNED Signed by: C D Berland TITLE Area Production Manager DATE January 29, 1969

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE _____

CONDITIONS OF APPROVAL, IF ANY: