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U.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
B-158

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator	Jalnat Field Yates Sand Unit
3. Address of Operator	8. Farm or Lease Name
Gulf Oil Corporation	
9. Well No.	
4. Location of Well	134
UNIT LETTER E , 1980 FEET FROM THE North LINE AND 660 FEET FROM	10. Field and Pool, or Wildcat
THE West LINE, SECTION 13 TOWNSHIP 22-S RANGE 35-E NMPM.	Jalnat
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
3600' KB	Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐

OTHER ☐

PLUG AND ABANDON ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐

COMMENCE DRILLING OPNS. ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

ALTERING CASING ☐

PLUG AND ABANDONMENT ☐

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.

3915' TD.

Treated 4" slotted liner 3775' to 3915' down tubing with 500 gallons of 15% NE acid. Flushed with 15 barrels of oil. Maximum pressure 1000#, minimum 500#. Swabbed and cleaned up. Ran rods and pump and returned well to production.

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

ORIGINAL SIGNED BY

C. D. BORLAND

SIGNED

TITLE **Area Production Manager**

DATE **September 18, 1967**

APPROVED BY

SIGNED

DATE

CONDITIONS OF APPROVAL, IF ANY: