

REGISTRATION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

Effective

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 X, 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 21-S RANGE 36-E NMPM.
 7. Unit Agreement Name
 8. Farm or Lease Name: R. R. Bell (NCT-B)
 9. Well No.: 1
 10. Field and Pool, or Wildcat: Eunice-Monument
 15. Elevation (Show whether DF, RT, GR, etc.): 3581' 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.

3895' TD.
 Pumped 500 gallons of 15% NE acid down 5-1/2" casing over open hole interval 3761' to 3895'. Flushed with 30 barrels of oil. 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 H. J. Brumby TITLE Area Engineer DATE March 14, 1973
 APPROVED BY John Ruman Geologist TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: