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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.	
E-3510	

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 Gulf Oil Corporation		8. Farm or Lease Name Jes CR State (CT-A)
3. Address of Operator Box 670, Hobbs, New Mexico 88240		9. Well No. 4
4. Location of Well UNIT LETTER <u>K</u> , <u>3640</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>2</u> TOWNSHIP <u>16-S</u> RANGE <u>32-E</u> NMPM.		10. Field and Pool, or Wildcat Anderson Ranch Oilcamp
15. Elevation (Show whether DF, RT, GR, etc.) 4297' DF		12. County Loa

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 ☐

OTHER ☐

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.

9864' 10.

Pumped 1000 gallons of 15% HF acid down 7" casing. Flushed with 230 barrels of oil. Grabbed 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

SIGNED C. D. BORLAND

TITLE Area Production Manager

DATE April 15, 1968

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: