

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

NEW MEXICO OIL CONSERVATION COMMISSION

FEB 17 3 20 PM '67

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>E-4199</b>	
7. Unit Agreement Name	
8. Farm or Lease Name <b>Eddy-Isa State (NCT-A)</b>	
9. Well No. <b>1</b>	
10. Field and Pool, or Wildcat <b>No. Anderson Ranch We.</b>	
12. County <b>Isa</b>	

**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"/>	2. Name of Operator <b>Gulf Oil Corporation</b>	3. Address of Operator <b>Box 670, Hobbs, New Mexico</b>	4. Location of Well UNIT LETTER <b>F</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>2310</b> FEET FROM THE <b>West</b> LINE, SECTION <b>2</b> , TOWNSHIP <b>16-S</b> , RANGE <b>32-E</b> NMPM.	15. Elevation (Show whether DF, RT, GR, etc.) <b>4309' GL</b>
--	--	---	---	--

18. 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 JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>
		<b>Acidized</b>	

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.

9810' PB.

Treated 5-1/2" casing perforations 9779' to 9786' with 2000 gallons of 20% HCL acid. Flushed with 41 barrels of oil and overflushed with 24 barrels of oil. Maximum pressure 2350#, ISIP 2000#, after 15 minutes Off. Injection rate 1.8 bpm. Swabbed and kicked off 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.

SIGNED \_\_\_\_\_ TITLE **Area Production Manager** DATE **February 16, 1967**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: