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HOBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION  
May 10 3 30 PM '68

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> <small>(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.)</small>		5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
		5. State Oil & Gas Lease No. <b>NM-2056</b>
		7. Unit Agreement Name
1. Name of Operator <b>Gulf Oil Corporation</b>		8. Farm or Lease Name <b>Graham State (NCT-A)</b>
3. Address of Operator <b>Box 670, Hobbs, New Mexico 88240</b>		9. Well No. <b>4</b>
4. Location of Well UNIT LETTER <b>B</b> <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>24</b> TOWNSHIP <b>18-S</b> RANGE <b>37-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Hobbs</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3674' DF</b>		12. County <b>Lea</b>

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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <input type="checkbox"/>
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.			

**4230' TD.**  
**Treated open hole interval 3977' to 4230' with 2000 gallons of 15% NE acid.**  
**Flushed with 24 barrels of oil. Swabbed and cleaned up 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 <u>G. D. BORLAND</u> APPROVED BY <u>[Signature]</u> CONDITIONS OF APPROVAL, IF ANY:	TITLE <u>Area Production Manager</u> DATE <u>May 10, 1968</u>
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