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NEW MEXICO OIL CONSERVATION COMMISSION

LAND OFFICE B.C.C.

JUN 10 3 31 PM '68

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>Gulf Oil Corporation</b>	8. Farm or Lease Name <b>Dan W. Hardin</b>
3. Address of Operator <b>Box 670, Hobbs, New Mexico 88240</b>	9. Well No. <b>5</b>
4. Location of Well UNIT LETTER <b>J</b> , <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>18</b> TOWNSHIP <b>18-S</b> RANGE <b>38-E</b> N.M.P.M.	10. Field and Pool, or Wildcat <b>Hobbs</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3666' GL</b>	12. County <b>Lea</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐ CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐  
**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.

**4165' PB.**

**Dumped 500 gallons of 15% FE NE acid down casing. Flushed with 25 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.

ORIGINAL SIGNED BY  
**C. D. BORLAND**

SIGNED \_\_\_\_\_

TITLE **Area Production Manager**

DATE **June 10, 1968**

APPROVED BY **John W. Runyan**

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: