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HOBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION

JUN 28 3 36 PM '68

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
Den W. Hardin	
9. Well No.	
6	
10. Field and Pool, or Wildcat	
Hobbs	
12. County	
Lea	

**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
Gulf Oil Corporation
3. Address of Operator
Box 670, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER <u>H</u> , <u>1880</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>18</u> TOWNSHIP <u>18-S</u> RANGE <u>38-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3665' GL

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

4172' PB.

Dumped 1000 gallons of 15% FE NE acid down 4-1/2" casing over perforations 4139' to 4168'. 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 28, 1968

APPROVED BY \_\_\_\_\_

TITLE DISTRICT 1

DATE 1968

CONDITIONS OF APPROVAL, IF ANY: