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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 type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- | | 7. Unit Agreement Name |
| 2. Name of Operator Gulf Oil Corporation | | 8. Farm or Lease Name W. D. Grimes (NCT-C) |
| 3. Address of Operator Box 670, Hobbs, New Mexico 88240 | | 9. Well No. 2 |
| 4. Location of Well UNIT LETTER N , 1330 FEET FROM THE South LINE AND 1650 FEET FROM THE West LINE, SECTION 21 TOWNSHIP 18-S RANGE 38-E N.M.P.M. | | 10. Field and Pool, or Wildcat Hobbs |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3645' OL | | 12. County Lea |

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 ☐

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.

4210' PB. Treated 5-1/2" casing perforations 4176' to 4203' with 1000 gallons of 15% NE acid. Flushed with 50 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.

SIGNED ORIGINAL SIGNED BY
C. D. BORLAND TITLE Area Production Manager DATE February 4, 1970

APPROVED BY John W. Runyan TITLE Geologist DATE _____
CONDITIONS OF APPROVAL, IF ANY: