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LAND OFFICE		
OPERATOR		

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 <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>		
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-B)
3. Address of Operator Box 670, Hobbs, New Mexico		9. Well No. 2
4. Location of Well UNIT CENTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM East LINE, SECTION 33 TOWNSHIP 18-S RANGE 38-E NMPM.		10. Field and Pool, or Wildcat Hobbs
15. Elevation (Show whether DF, RT, GR, etc.) 3642 OL		12. County Lea

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 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.

Loaded hole with 8 barrels of acid down tubing. Pumped total of 1000 gallons of 15% NE double inhibited acid down tubing below packer at 4132'. AIR 1.0 bpm. Treating pressure 0 to 800#. Flushed with 17 barrels of oil. AIR for flush 1.9 bpm at 0#. ISIP 0#, (vacuum). Swabbed and kicked off.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY

SIGNED C. D. BORTLAND

TITLE Area Production Manager

DATE May 10, 1965

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: