NO. OF COPIES RECEIVED		Form C-103		
DISTRIBUTION				
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION		C-102 and C-103	
FILE		COMMISSION	Effective 1-1-65	
U.S.G.S.			Sa. Indicate Type of Lease	
LAND OFFICE			State Fee XX	
OPERATOR			5. State Oil & Gas Lease No.	
SUNI	DRY NOTICES AND REPORT	S ON WELLS		
	PROPOSALS TO DRILL OR TO DEEPEN OR LATION FOR PERMIT - " (FORM C-101) F	S ON WELLS Plug back to a different reservoir. OR SUCH PROPOSALS.)		
I. OIL GAS			7. Unit Agreement Name	
WELL WELL WELL	OTHER-			
2. Name of Operator			8, Farm or Lease Name	
Gulf Oil Corporation  3. Address of Operator			W. D. Grimes (NCT-A)	
			9. Well No.	
P. O. Box 670, Hobbs, N.M. 88240			18	
., 2			10. Field and Pool, or Wildcat	
UNIT LETTER	1650 FEET FROM THE NOT	th LINE AND 2080 FEET FRO	Hobbs Blinebry	
THE West LINE, SEC	TION 32 TOWNSHIP	18S RANGE 38E NMPM		
		nether DF, RT, GR, etc.)	12. County	
ÖTTÜLLI		• GL	Lea	
Check	k Appropriate Box To Indica	are Morare of Notice, Report or Or	ther Data	
	INTENTION TO:	4	T REPORT OF:	
-		1		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING	
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT	
FULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB		
		OTHER Acidized		
OTHER				
17 Describe Proposed or Completed	Operations (Clearly state all parties	nt devails, and give pertinent dates, including		
work) SEE RULE 1103.	operations (Greatly state att pertine	in Economy and give periment dutes, including	s estimated date of starting any proposed	
60001 PR Trantad	5 1/2# cocine name			
cood ID. Heated	)-1/2" casing periorat	ions 5772' to 5928' with 10	NO gallons of 15% NE	
acid. Flushed with	10 howmole of oil De			
acid. Flushed with	TO parrets of oil. Re-	turned well to production.		
18. I hereby certify that the information	on above is true and complete to the	pest of my knowledge and belief.		
ノハーノ				
SIGNED GOTKAL	tus TITLE	Area Engineer	DATE 3-16-72	
Ch	ig. Signed by		MAR 17 1972	
	D. Ramey TITLE		ANN TI 131%	
CONDITIONS OF APPROVAL, IF A			*	
CONDITIONS OF APPROVAL, IF AM	7871 A CAPII			