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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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation		8. Name of Lease Name W. D. Grimes (NCT-A)
3. Address of Operator Box 670, Hobbs, New Mexico 88240		9. Well No. 19
4. Location of Well UNIT LETTER E 1730 FEET FROM THE North LINE AND 330 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 18-S RANGE 38-E NMPM.		10. Field and Pool, or Wildcat Hobbs Blinberry
15. Elevation (Show whether DF, RT, GR, etc.) 3636' GL		12. County Lea

16. 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 OPERATIONS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

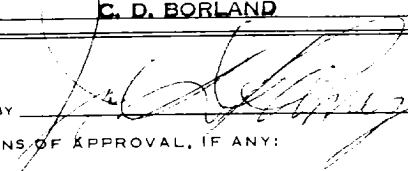
Acidized

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.

6023' PB.

Treated 5-1/2" casing perforations 5958' with 2000 gallons of 15% NE acid. Flushed and overflushed with 87 barrels of fresh water. Maximum pressure 2100#, average treating pressure 1600#. ISIP 2000#, AIR 2.1 bpm. 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 SIGNED C. D. BORLAND	TITLE Area Production Manager	DATE February 13, 1970
APPROVED BY 	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		