	1		1970 - 1970
NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERV	VATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee
OPERATOR			5. State Cil & Gas Lease No.
(DO NO" USE THIS FORM FOR PRO USE "APPLICAT	AND NOTICES AND REPORTS ON WE	LLS TO A DIFFERENT RESERVOIR. OPOSALS.)	
I. OIL GAS WELL WELL	OTHER-		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
Gulf Oil Corporation			W. D. Grimes (NCT-A)
3. Address of Operator			9, Well No.
Box 670, Fobbs, New Mez	rteo 88210		20
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER	280 FEET FROM THE South	LINE AND 2060 FEET FR	M Kobbs Blinebry
THE <b>Nost</b> Line, section	on <u>32</u> township <u>18-8</u>		× ())))))))))))))))))))))))))))))))))))
	15. Elevation (Show whether DF,	RT, GR, etc.)	12. County
	362	8' GL	
<sup>16.</sup> Check	Appropriate Box To Indicate Natu	re of Notice, Report or (	Other Data
NOTICE OF IN	NTENTION TO:	SUBSEQUE	NT REPORT OF:
PERFORM REMECIAL WORK	PLUG AND ABANDON	MEDIAL WORK	ALTERING CASING
		MMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		SING TEST AND CEMENT JOB	FLUG AND ABANJUNMENT
		OTHER	[ ]
OTHER	[]	016En	''
01868	P	erforated and acidis	ed .

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.

## 6002 ' PB.

Perforated 5-1/2" casing at 5960' with 4, .75" radial holes in plane. Treated new perforations 5960' with 1000 gallons of 15% NE acid. Flushed with 23 barrels of water. Maximum pressure 4300#, minimum 3450#, ISIP 3700#, AIR .8 bpm. Treated old perforations 5930-32' with 500 gallons of 15% NE acid. Flushed with 12 barrels of water. Treated perforations 5829' to 5932' with 1500 gallons of 15% NE acid. Flushed with 23 barrels of water. Maximum pressure 3550#, ISIP 3200#, AIR 2.4 bpm. Ran tubing, rods and pump and returned well to production.

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

S I G N E D	ORIGINAL SIGNED BY C. D. BORLAND	TITLE Area Production Manager	DATE March 9, 1970
APPROVED BY _ CONDITIONS	OF APPROVAL, IF ANY:	TITLE	DATE