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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-7824	

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 L" (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 Lea "ED" State
3. Address of Operator Box 670, Hobbs, New Mexico 88240		9. Well No. 1
4. Location of Well UNIT LETTER M 760 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 16 TOWNSHIP 19-S RANGE 34-E NMPM.		10. Field and Pool, or Wildcat Quail Ridge Bone Springs
15. Elevation (Show whether DE, RT, GR, etc.) 3758' GL		11. County Lea

16.

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 ☐

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.

10,152' PB.

Treated 7" casing perforations 10,109' to 10,125' with 3000 gallons of 15% NE acid. Flushed with 65 barrels of oil. Maximum pressure 5000#, minimum 4200#, ISIP 3500#, after 5 minutes 1500#, after 10 minutes 500#. AIR 6.8 bpm. Swabbed and cleaned up. Ran Kobe 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.

SIGNED **Orig signed by R.W.Sands** TITLE **Production Superintendent** DATE **June 30, 1970**

APPROVED BY **[Signature]** TITLE **FOR DISTRICT** DATE **[Signature]**

CONDITIONS OF APPROVAL, IF ANY: