| NO. OF COPIES RECEIVED   | <del></del>  | rorm C-103                                   |
|--|--|--|
| DISTRIBUTION   |  | Supersedes Old<br>C-102 and C-103            |
| SANTA FE   | NEW MEXICO OIL CONSERVATION COMMISSION   | Effective 1-1-65                             |
| FILE   |  | ,  |
| U.S.G.S.   | <u></u>  | 5a. Indicate Type of Lease                   |
| LAND OFFICE  |  | State Oil & Gas Lease No.                    |
| OPERATOR   |  | 5. State Off & Gds Ledse 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.)  |  |  |
| l.   | PLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)  | 7. Unit Agreement Name                       |
| OIL GAS WELL WELL  | OTHER-   |  |
| 2. Name of Operator  |  | 8. Farm or Lease Name                        |
| Gulf Gil Corporat  | ilon   | Graham State (NCT-C)                         |
| 3. Address of Operator   |  | 9. Well No.                                  |
| Box 670, Hobbs, New Mexico 88240   |  | 10. Field and Pool, or Wildcat               |
| •  | 1980 FEET FROM THE South LINE AND 1980 FEET F  | Monment                                      |
| UNIT LETTER  | , 1980 FEET FROM THE South LINE AND 1980 FEET F  | ROM TANILLERS I V                            |
| THE <b>Rest</b> LINE,  | SECTION 25 TOWNSHIP 19-8 RANGE 36-E NN   | MPM.   |
| mmmmm  | 15. Elevation (Show whether DF, RT, GR, etc.)  | 12, County                                   |
|  | 36k9' DF   | Ica  |
| 16.  | eck Appropriate Box To Indicate Nature of Notice, Report or  |  |
|  |  | ENT REPORT OF:                               |
| PERFORM REMEDIAL WORK  | PLUG AND ABANDON REMEDIAL WORK   | ALTERING CASING                              |
| TEMPORARILY ABANDON  | COMMENCE DRILLING OPNS.  | PLUG AND ABANDONMENT                         |
| PULL OR ALTER CASING   | CHANGE PLANS CASING TEST AND CEMENT JOB  |  |
|  | OTHER  |  |
| OTHER  |  |  |
| 17 Describe Proposed of Comple   | Actions (Clearly state all pertinent details, and give pertinent dates, inclu                            | ding estimated date of starting any proposed |
| 3975 TD. Pumped 500 gal Flushed with 8 barr  | llons of 15% ME acid down tubing over open hole i<br>rels of cil. Swabbed and cleaned up and returned    | nterval 3835' to 3975'. well to production.  |
| 18. I hereby certify that the information of the standard | mation above is true and complete to the best of my knowledge and belief.  TITLE Area Production Hamager | SEP 29 1970                                  |
|  | Q 11   | 0.0.4070                                     |
| VNO X  | SUPERVISOR DISTRIC   | SEP 29 19/U                                  |

CONDITIONS OF APPROVAL, IFANY:

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OH CONSERVATION OF TAL