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NEW MEXICO OIL CONSERVATION COMMISSION

HOBBS OFFICE 0. C-102 and C-103  
JUL 11 3 41 PM '67

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

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- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>Gulf Oil Corporation</b>	<b>Northwest Eumont Unit</b>
3. Address of Operator <b>P. O. Box 670, Hobbs, N.M. 88240</b>	8. Farm or Lease Name
4. Location of Well UNIT LETTER <b>N</b> , <b>660</b> FEET FROM THE <b>south</b> LINE AND <b>1980</b> FEET FROM THE <b>west</b> LINE, SECTION <b>34</b> TOWNSHIP <b>19S</b> RANGE <b>36E</b> NMPM.	9. Well No. <b>162</b>
	10. Field and Pool, or Wildcat <b>Eumont</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3633' DF</b>	12. County <b>Lea</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <b>Acidized</b> <input type="checkbox"/>

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.

3950' TD. Dumped 500 gallons 15% NE acid; flushed with 12 barrels of oil. 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 <b>ORIGINAL SIGNED BY</b> <b>G. D. BORLAND</b>	TITLE <b>Area Production Manager</b>	DATE <b>7-10-67</b>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		