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# NEW MEXICO OIL CONSERVATION COMMISSION O. C. C.

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

APR 5 3 31 PM '66

5a. Indicate Type of Lease  
State ☐ Fee ☒  
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- 2. Name of Operator <b>Gulf Oil Corporation</b> 3. Address of Operator <b>Box 670, Hobbs, New Mexico</b> 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>19-S</b> RANGE <b>36-E</b> N.M.P.M. 15. Elevation (Show whether DF, RT, GR, etc.) <b>3633' RT</b>	7. Unit Agreement Name <b>Northwestumont Unit</b> 8. Farm or Lease Name <b>162</b> 9. Well No. <b>162</b> 10. Field and Pool, or Wildcat <b>umont</b> 12. County <b>Lea</b>
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## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ OTHER ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
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.

3950' TD.

Pumped 1000 gallons of 15% NE acid down 5-1/2" casing over perforations 3814 - 3935'.  
Flushed with 30 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.

ORIGINAL SIGNED BY  
SIGNED C. D. BORLAND TITLE Area Production Manager DATE April 5, 1966

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: