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NEW MEXICO OIL COMMISSION FORM NO. 008.

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

APR 7 3 17 PM '66

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name <b>Northwest Bumont Unit</b>
2. Name of Operator <b>Gulf Oil Corporation</b>		8. Farm or Lease Name
3. Address of Operator <b>Box 670, Hobbs, New Mexico</b>		9. Well No. <b>161</b>
4. Location of Well UNIT LETTER <b>0</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>2310</b> FEET FROM THE <b>East</b> LINE, SECTION <b>34</b> TOWNSHIP <b>19-S</b> RANGE <b>36-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Bumont</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3961' TD</b>		12. County <b>Lea</b>

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.

**3961' TD.**

**Pumped 1000 gallons of 15% HCl acid down 5-1/2" casing over open hole interval 3866' to 3961'. Flushed with 20 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 <u>C. D. BORLAND</u>	TITLE <u>Area Production Manager</u>	DATE <u>April 6, 1966</u>
APPROVED BY _____		
CONDITIONS OF APPROVAL, IF ANY:		