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NEW MEXICO OIL CONSERVATION COMMISSION

JUN 9 2 30 AM '69

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

5a. 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 Gulf Oil Corporation		8. Farm or Lease Name G. C. Matthews
3. Address of Operator Box 670, Hobbs, New Mexico 88240		9. Well No. 9
4. Location of Well UNIT LETTER 0 660 FEET FROM THE South LINE AND 1650 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 20-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Monument Paddock
15. Elevation (Show whether DF, RT, GR, etc.) 3559' GL		11. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/> Acid treatment	

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.

5238' PB.

Treated 5-1/2" liner perforations 5145' to 5238', down casing, with 1000 gallons of 15% NE acid. Flushed with 50 barrels of oil. Closed well in 13 hours. Returned to production.

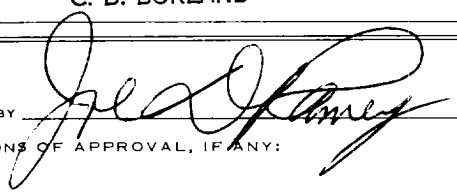
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY
C. D. BORLAND

SIGNED _____

TITLE **Area Production Manager**

DATE **June 9, 1969**

APPROVED BY 

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY: