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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name  
**A. B. Reeves**

9. Well No.  
**1**

10. Field and Pool, or Wildcat  
**Eumont Gas**

12. County  
**Lea**

**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  GAS WELL  OTHER \_\_\_\_\_

2. Name of Operator  
**Gulf Oil Corporation**

3. Address of Operator  
**Box 670, Hobbs, New Mexico 88240**

4. Location of Well  
UNIT LETTER **L** \_\_\_\_\_ **1980** FEET FROM THE **South** \_\_\_\_\_ LINE AND **660** FEET FROM THE **West** \_\_\_\_\_ LINE, SECTION **29** \_\_\_\_\_ TOWNSHIP **20-S** \_\_\_\_\_ RANGE **37-E** \_\_\_\_\_ NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
**3529' GL**

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 \_\_\_\_\_

ALTERING CASING

PLUG AND ABANDONMENT

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.

**Acidized**

**3624' PB.**

**Pumped 300 gallons of 15% NE acid down casing over 5-1/2" casing perforations 3352' to 3535'. Flushed with 6 barrels of fresh water. Swabbed and cleaned up and 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. J. Barbary* TITLE Area Engineer DATE September 11, 1974

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

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_