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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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
J. N. Carson (NCT-A)	
9. Well No.	
8	
10. Field and Pool, or Wildcat	
Paddock	
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator
Gulf Oil Corporation
3. Address of Operator
Box 670, Hobbs, New Mexico 88240
4. Location of Well
UNIT LETTER <u>0</u> , <u>766</u> FEET FROM THE <u>South</u> LINE AND <u>2086</u> FEET FROM THE <u>East</u> LINE, SECTION <u>28</u> TOWNSHIP <u>21-S</u> RANGE <u>37-E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3451' GL

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER Perforate additional zone in Paddock ☐

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.

5344' PB.

Pull producing equipment. Perforate 7" casing lower in Paddock zone with 2, 1/2" JHPF at 5252' to 6262'. Treat new perforations with 2500 gallons of 15% NE acid. Swab and clean up and return well to production.

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

SIGNED K. J. Breazale TITLE Area Engineer DATE April 16, 1973

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: