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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.	

SUNDY 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 J. M. Carson (NCT-C)	
3. Address of Operator Box 670, Hobbs, New Mexico 88240		9. Well No. 7	
4. Location of Well UNIT LETTER P 554 FEET FROM THE South LINE AND 554 FEET FROM THE East LINE, SECTION 28 TOWNSHIP 21-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Paddock	
15. Elevation (Show whether DF, RT, GR, etc.) 3439' GL		12. County Lea	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>
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.

5300' FB.

Treated 7" casing perforations 5115' to 5210' down tubing with 2000 gallons of 28% NE acid. Flushed and overflushed with 3000 gallons of mod brine. TP 1400#, CP 1000#. ISIP 600#, AIR 2.1 bpm. 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.

ORIGINAL SIGNED BY
SIGNED C. D. BORLAND TITLE Area Production Manager DATE February 16, 1970

APPROVED BY Leslie A. Clement TITLE _____ DATE 2-17-70

CONDITIONS OF APPROVAL, IF ANY: