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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.

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<br><b>Gulf Oil Corporation</b>   | 8. Form or Lease Name<br><b>J. N. Carson (NCT-C)</b> |
| 3. Address of Operator<br><b>Box 670, Hobbs, New Mexico</b>  | 9. Well No.<br><b>7</b>                              |
| 4. Location of Well<br>UNIT LETTER <b>P</b> <b>554</b> FEET FROM THE <b>South</b> LINE AND <b>554</b> FEET FROM<br>THE <b>East</b> LINE, SECTION <b>29</b> TOWNSHIP <b>21-S</b> RANGE <b>37-E</b> N.M.P.M. | 10. Field and Pool, or Wildcat<br><b>Paddock</b>     |
| 11. Elevation (Show whether DE, RT, GR, etc.)<br><b>3439 GL</b>  | 12. County<br><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 **Acidize** ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPERATIONS ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

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.

**It is proposed to treat 7" casing perforations 5115' to 5210' with 750 gallons of 15% NE acid.**

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

SIGNED \_\_\_\_\_ TITLE **Area Production Manager** DATE **January 27, 1966**

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

CONDITIONS OF APPROVAL, IF ANY: