. COPIES RECEIVED	7		
TRIBUTION	1		Form C-103
FE			Supersedes Old C-102 and C-103
E	NEW MEXICO DIL CON	SERVATION COMMISSION	Effective 1-1-65
U.S.G.S.	1		
	4		Sa. Indicate Type of Lease
OPERATOR	4		
			5, State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PRO	Y NOTICES AND REPORTS ON POSALS TO DRILL OR TO DEEPEN OR PLUG TO BELLE OR TO DEEPEN OR PLUG	WELLS	
		CH PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL	OTHER-		Adreement Hume
2. Name of Operator			8. Farm or Lease tiame
Gulf 0il Corporation			
3. Address of Operator			<u>W. T. McComack</u> 9. Well No.
Box 670, Hobbs, New Me	xico 88240		6
4. Location of Well			10 Field and Deel as Will be
UNIT LETTER J_1	980 FEET FROM THE South	1980	Benzaea Chall
THE East LINE, SECTION	ON TOWNSHIP	BANGE 37-E	
			•••• VIIIIIIIIIIIIIIIIIIIIIIII
	15. Elevation (Show whether	DF, RT, GR, etc.)	12. County
	3477 ¹		Lea
Check A	Appropriate Box To Indicate N	lature of Notice, Report or (Other Data
NOTICE OF INTENTION TO: SUBSEQUEN		NT REPORT OF:	
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTIRING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
0745 B		OTHER	
OTHER		A . # 1 #	
17. Describe Proposed or Completed Operatel SEE Built 5 100	erations (Clearly state all pertinent deta	Acidized and returned sils, and give pertinent dates, includi	well to production, ng estimated date of starting any proposed

3780' TD

Well has been carried as closed in, uneconomical to produce. Cleaned out from 3765' to 3780' with sand pump. Ran 2-3/8" tubing and set at 3755'. Pumped 1,000 gallons of 15% FE acid down tubing over open hole interval 3626' to 3780'. Flushed with 20 barrels of oil. Swabbed and cleaned up. Ran rods and pump. Ran GOR test 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.

TITL

\$ IGNED	Barbing	TITLE_	Area	Engineer
	n an			

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ATE	np1	· * *	э.	19/4	

A > F

DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: