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NEW MEXICO OIL CONSERVATION COMMISSION

OCT 20 1969

Form C-103
Supersedes Old
C-102 and C-103
Effective 4-1-65

| | |
|--------------------------------|---|
| 5a. Indicate Type of Lease | |
| State <input type="checkbox"/> | Fee <input checked="" type="checkbox"/> |
| 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 Gulf Oil Corporation | | Central Drinkard Unit |
| 3. Address of Operator Box 670, Hobbs, N.M. 88240 | | 8. Term of Lease (Date) |
| 4. Location of Well UNIT LETTER <u>B</u> <u>810</u> FEET FROM THE <u>north</u> LINE AND <u>2180</u> FEET FROM THE <u>east</u> LINE, SECTION <u>33</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> N.M.P.M. | | 9. Well No. 128 |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3459' GL | | 10. Field and Pool, or Wildcat Drinkard |
| 12. County Lea | | |

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 JOBS ☐
OTHER Acidized ☒

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.

7644' TD. Pulled rods and pump. Treated 7" casing perforations 6481' to 6575' down tubing with 12 barrels of 15% NE acid. Flushed with oil. Maximum pressure 1200#, minimum 800#. ISIP 500#. After 5 minutes, 100#; after 10 minutes 0#. Average injection rate 1.2 bpm. Ran rods and pump 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 <u>[Signature]</u> | TITLE <u>Area Production Manager</u> | DATE <u>10-10-69</u> |
| APPROVED BY <u>[Signature]</u> | TITLE <u>SUPERVISOR DISTRICT</u> | DATE <u>OCT 1 1969</u> |
| CONDITIONS OF APPROVAL, IF ANY: | | |