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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 <input checked="" type="checkbox"/> Fee <input 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	8. Farm or Lease Name Harry Leonard (NCT-D)
3. Address of Operator Box 670, Hobbs, N.M. 88240	9. Well No. 2
4. Location of Well UNIT LETTER <u>A</u> , <u>330</u> FEET FROM THE <u>north</u> LINE AND <u>330</u> FEET FROM THE <u>east</u> LINE, SECTION <u>3</u> TOWNSHIP <u>22S</u> RANGE <u>36E</u> N.M.P.M.	10. Field and Pool, or Wildcat Eunice South
15. Elevation (Show whether DF, RT, GR, etc.) 3558' GL	12. County Lea

16.

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

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Acid job</u> <input type="checkbox"/>

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.

3845' TD.

Acidized open hole interval 3765-3845' down tubing with 1000 gallons 15% NE HCL acid. Flushed with 15 bo down tubing and 25 bo down casing. Treatment on vacuum. Let set 1 hour; swabbed 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 [Signature] TITLE Area Engineer DATE 4-18-74

APPROVED BY [Signature] TITLE Area Engineer DATE 4-18-74

CONDITIONS OF APPROVAL, IF ANY: