NO. OF COPIES RECEIVED	1		Form C-103
DISTRIBUTION		1	
			Supersedes Old
SANTA FE	NEW MEXICO OIL CONSER		
FILE	-	JAN /	3 29 5P. Indicate Type of Lease
U.S.G.S.	-		State XX Fee
LAND OFFICE	-		5. State Oil & Gas Lease No.
OPERATOR			B-229-1
			D=6 27=1
DO NOT USE THIS FORM FOR PR USE "APPLICA"	RY NOTICES AND REPORTS ON WI	ELLS (TO A DIFFERENT RESERVOIR. ROPOSALS.)	
1.			7. Unit Agreement Name
OIL GAS WELL	OTHER.		
2. Name of Operator		· · · · · · · · · · · · · · · · · · ·	8. Farm or Lease Name
Gulf Oil Corporation			J. F. Janda (NCT-F)
3. Address of Operator			9. Well No.
Box 670, Hobbs, New M	exico		3
4. Location of Well			10. Field and Pool, or Wildcat
	1980 FEET FROM THE North	1980 FF	Jalmat
		· · ·	
THE West THE SECT	10N 14 TOWNSHIP 22-S	36-E	NMPM. AIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
THELINE, SECT		RANGE	
	15. Elevation (Show whether DF	F, RT, GR, -tc.)	12. County
		3585' OL	Lea
Check	Appropriate Box To Indicate Nat	ure of Notice, Report	or Other Data
NOTICE OF I	NTENTION TO:	SUBSE	QUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		ASING TEST AND CEMENT JOB	
		OTHER	
OTHER Acidise		<u></u>	
• men			
17. Describe Proposed or Completed C	perations (Clearly state all pertinent details	s, and give pertinent dates, i	ncluding estimated date of starting any proposed

3900' TD

Plans have been made to treat 5-1/2" casing perforations 3200' to 3650' down tubing with 1000 gallons of 15% NE acid. Flush with oil. Swab and return well to production.

18.1 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 1.7,	<u>1967</u>
<u></u>	· · · · ·		· · · · · · · · · · · · · · · · · · ·	v]
APPROVED BY	TITLE		DATE	
CONDITIONS OF APPROVAL, IF ANY:				