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HOUSTON OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION

JAN 4 3 33 PM '66

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.
<b>B-229-1</b>

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>Dual</b>	7. Unit Agreement Name
2. Name of Operator <b>Gulf Oil Corporation</b>	8. Farm or Lease Name <b>J. F. Janda (NCT-F)</b>
3. Address of Operator <b>Box 670, Hobbs, New Mexico</b>	9. Well No. <b>13</b>
4. Location of Well UNIT LETTER <b>P</b> , <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>4</b> TOWNSHIP <b>22-S</b> RANGE <b>36-E</b> N.M.P.M.	10. Field and Pool, or Wildcat <b>South Eunice</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3579 GL</b>	12. County <b>Lea</b>

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	

**Acidized**

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.

**Dumped 250 gallons of 15% NE acid down 1" tubing vent. Flushed with 5 barrels of water. 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 _____	TITLE <b>Area Production Manager</b>	DATE <b>January 4, 1966</b>
APPROVED BY _____	TITLE _____	DATE <b>JAN 5 1966</b>
CONDITIONS OF APPROVAL, IF ANY:		