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NEW MEXICO OIL CONSERVATION COMMISSION

JUL 19 4 01 PM '65

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

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.  
**B-230**

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 <b>Gulf Oil Corporation</b>	8. Farm or Lease Name <b>Ball-Ramsay (NCT-A)</b>
3. Address of Operator <b>P. O. Box 670, Hobbs, New Mexico</b>	9. Well No. <b>12</b>
4. Location of Well UNIT LETTER <b>E</b> <b>2217</b> FEET FROM THE <b>north</b> LINE AND <b>990</b> FEET FROM THE <b>west</b> LINE, SECTION <b>4</b> TOWNSHIP <b>21S</b> RANGE <b>36E</b> NMPM.	10. Field and Pool, or Wildcat <b>Oil Center Elinsbry</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3556' GL</b>	12. County <b>Lea</b>

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐  
CASING TEST AND CEMENT JOB ☐ OTHER **Acid Job** ☒

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.

**PB 6012<sup>1</sup>. Pump plugged with calcium. Dumped 250 gallons 15% HCl acid down csg. Flushed with 10 barrels oil. Returned well to production.**

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

ORIGINAL SIGNED BY

SIGNED [Signature] TITLE **Area Production Manager** DATE **7-16-65**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: