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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 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	8. Farm or Lease Name H. T. Orcutt (NCT-A)
3. Address of Operator Box 670, Hobbs, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER M 3300 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 5 TOWNSHIP 21-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Enice
15. Elevation (Show whether DF, RT, GR, etc.) 3597' DF	12. County Lea

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 JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

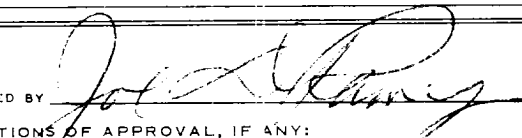
Acidized

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.

3895' TD.

Treated open hole interval 3771' to 3895' with 500 gallons of 15% NE acid. Flushed with 24 barrels of oil.

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

SIGNED _____	TITLE Area Production Manager	DATE February 8, 1966
APPROVED BY 	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		