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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 - A" (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>Hessley State</b>
3. Address of Operator <b>Box 670, Hobbs, New Mexico</b>	9. Well No. <b>2</b>
4. Location of Well UNIT LETTER <b>B</b> <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>5</b> TOWNSHIP <b>21-8</b> RANGE <b>36-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Enrico</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3550 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 JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>
		<b>Acidized</b>	

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 750 gallons of 15% NE acid down casing. Flushed with 30 barrels of lease 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.

SIGNED _____	TITLE <b>Area Production Manager</b>	DATE <b>March 10 1965</b>
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		