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TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO
CERTIFICATE OF COMPLIANCE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
 (Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE.

Company or Operator Gulf Oil Corporation				Lease H. T. Orentt (NCT-A)		Well No. 6	
Unit Letter 0	Section 6	Township 21S	Range 36E	County Lea			
Pool Burice				Kind of Lease (State, Fed, Fee) State			
If well produces oil or condensate give location of tanks			Unit Letter M	Section 5	Township 21S	Range 36E	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> Shell Pipeline Corporation				Address (give address to which approved copy of this form is to be sent) P. O. Box 1910, Midland, Texas			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> Phillips Petroleum Co.			Date Connected	Address (give address to which approved copy of this form is to be sent) Phillips Bldg., 4th & Washington, Odessa, Texas			

If gas is not being sold, give reasons and also explain its present disposition:

REASON(S) FOR FILING (please check proper box)

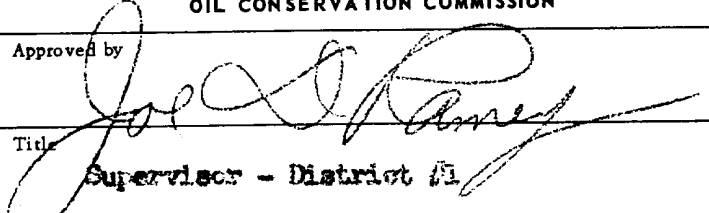
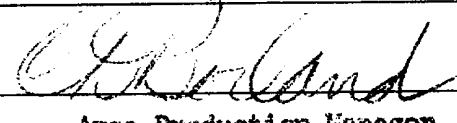
New Well ☐ Change in Ownership ☐
 Change in Transporter (check one)
 Oil ☐ Dry Gas ☐
 Casing head gas . ☐ Condensate.. ☐

Change oil transporter effective 12-16-64

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 1st day of December, 19 64

OIL CONSERVATION COMMISSION		By
Approved by		
Title		Area Production Manager
		Supervisor - District #1
Date		Company Gulf Oil Corporation
12-2-64		Address Box 670, Hobbs, N.M.

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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.	
B-244-1	
7. Unit Agreement Name	
8. Farm or Lease Name	
H. T. Orcutt (NCT-A)	
9. Well No.	
6	
10. Field and Pool, or Wildcat	
Eunice-Monument	
12. County	
Lea	

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"/>	2. Name of Operator
Gulf Oil Corporation	3. Address of Operator
Box 670, Hobbs, New Mexico 88240	4. Location of Well
UNIT LETTER 0, 3300 FEET FROM THE South LINE AND 1980 FEET FROM THE East LINE, SECTION 6 TOWNSHIP 21-S RANGE 36-E NMPM.	15. Elevation (Show whether DF, RT, GR, etc.)
	3573' GL

16. 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"/>	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.

3873' TD.
Pumped 750 gallons of 15% NE acid down 5-1/2" casing over open hole interval 3767' to 3873'. Flushed with 40 barrels of 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 <u>Barbary</u>	TITLE <u>Area Engineer</u>	DATE <u>May 6, 1974</u>
APPROVED BY <u>Joe D. Raney</u>	TITLE <u>Dist. I, Supv.</u>	DATE <u></u>
CONDITIONS OF APPROVAL, IF ANY:		