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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 <b>Gulf Oil Corporation</b>		8. Farm or Lease Name <b>A. F. Houston</b>
3. Address of Operator <b>Box 670, Hobbs, New Mexico</b>		9. Well No. <b>4</b>
4. Location of Well UNIT LETTER <b>J</b> , <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>7</b> TOWNSHIP <b>21-S</b> RANGE <b>36-E</b> NMPM.		10. Field and Pool, or Wildcat <b>Bumice</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3594 GL</b>		12. County <b>Lea</b>

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

ALTERING CASINGS ☐  
PLUG AND ABANDONMENT ☐

**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.

**3900' TD.**

**Acidized down casing with 500 gallons of 15% NE acid. Flushed with 13 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.

ORIGINAL SIGNED BY

SIGNED **C. D. BORLAND**

TITLE **Area Production Manager**

DATE **April 23, 1965**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: