NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION	HOBE	S OFFICE O.C.C.	Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CON	SERVATION COMMISSION	Effective 1-1+65
FILE	May 2	0 3 36 PN '68	
U.S.G.S.		00 11 00	5a. Indicate Type of Lease
LAND OFFICE			State Fee TT
OPERATOR			5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROP USE "APPLICATIO	(NOTICES AND REPORTS OF OSALS TO DRILL OR TO DEEPEN OR PLUG IN FOR PERMIT	NWELLS back to a different reservoir. ch proposals.)	7, Unit Agreement Name
OIL GAS WELL	OTHER-		
2. Name of Operator			8. Farm or Lease Name
Gulf Oil Corporation			R. R. Bell (NCT-E)
3. Address of Operator			9. Well No.
Box 670, Hobbs, New Merti	too 88240		1
4. Location of Well			10. Field and Pool, or Wildcat
	SO FEET FROM THE North	LINE AND FEET FR	Bunice
West	11 21-5	36-E NMF	
THE LINE, SECTION	TOWNSHIP		
	15, Elevation (Show whether	TDF, RT, GR, etc.)	12. County
		3557' DF	Lea ()))))))
^{16.} Check A	ppropriate Box To Indicate J	Nature of Notice, Report or (Other Data
NOTICE OF IN			NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT .QB	
		OTHER	
OTHER			
		Acidized	
17 Describe Proposed or Completed One	rations (Clearly state all pertinent de	tails and give partinent dates include	na actimated data of starting any proposed

 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.

3855' TD.

Treated open hele interval 3695' to 3855' with 750 gallons of 15% NE double inhibited acid. 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.

ORIGINAL SIGNED BY	TITLE Area Production Manager	DATE May 27, 1968
APPROVED BUTTLE APPROVAL, IF ANY	TITLE	DATE

NO. OF COPIES RECEIVED		HOBES OFFICE (D. C. Form C-103
DISTRIBUTION			
SANTAFE	NEW MEXICO OIL CONSERVATION	COMMISSION 02	M Coffective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee
OPERATOR			5. State Oil & Gas Lease No.
	NOTICES AND REPORTS ON WELLS DSALS TO DHILL OR TO DEEPEN OR PLUG BACK TO A DIFFI N FOR PERMIT	ERENT RESERVOIR.	
1. OIL GAS WELL	OTHER-		7, Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
Gulf Oil Corperation			R. R. Bell (NCT-E)
3. Address of Operator			9. Well No.
Box 670, Hobbs, New Mer	deo		1
Box 670, Hobbs, New Mez 4. Location of Well			10. Field and Pool, or Wildcat
n 64	O FEET FROM THE North LINE AND	660	Eunice
UNIT LETTER,	FEET FROM THELINE AND	FEET FROM	
Lies +	11 21_8	36-12	
THELINE, SECTION	11 TOWNSHIP 21-8 RANGE	ОСА ММРМ	·\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	15. Elevation (Show whether DF, RT, GR,	etc.)	12. County
	3557' DF		
Check Ap	propriate Box To Indicate Nature of N	otice, Report or Ot	her Data
NOTICE OF INT			T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WO	DRK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE D	RILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING		AND CEMENT JOB	
	OTHER		
OTHER			L
	Acid	Lzed	
17 Describe Proposed or Completed Oper	ations (Clearly state all pertinent details and give	portinant dayon includi-	and a data a

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.

3855' TD.

Treated open hole interval 3695' to 3855' with 500 gallons of 15% NE acid. Flushed with 25 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	ORIGINAL SIGN		TITLE Area	Production Manager	DATE JUNE 3	1967
APPROVED B	NS OF APPROVAL.	IF ÄNY:	TITLE		DATE	·

NUMBER OF COPIES RECEIVED DISTRIBUTION SANTA PF FIL L U.S.G.S. LAND OFFICE				E, NEW MI		(F	RM C-110 Rev. 7-60)
YRANSPORTER OIL GA3 PRORATION OFFICE OPERATOR	Т	D TRANS	PORT O	LAND	NATURAL GAS		
Company or Operator			ND 4 COPIE		E APPROPRIATE OFFIC Lease		Well No.
	Cory Coalle Township		ange		R. R. Bell (NC	т-в)	4
D 11	218		361				
Pool Funice					Kind of Lease (State, Fed, F Fee:	* ee)	
If well produces oil or conde give location of tanks		Unit Letter	D	Section 11	Town.ship 213	Range 36	
Authorized transporter of oil or cor	densate		Addr	ess (give add	dress to which approved copy	of this form is	to be sent)
Shell Pipeline Corpor	ation		F	. U. Ho	x 1990, Tidland, "	Texas	
	ls Gas A	ctually Con	nnected?				
Authorized transporter of casing head ga	as 💽 or day gas	Date C nected		ess (give add	lress to which approved copy	of this form is	to be sent)
Phillips Petroleum Co If gas is not being sold, give reasons an			<u> </u>	hillige	Rhigs, 4th & Las	hington,	Odessa, Tex
Change in Tra Oil	nsporter (check on Dry ad gas . Con	Gas			ership		
The undersigned certifies that the			e Oil Conser	vation Com	nission have been compli-	ed with.	
	this the		By	<u>11762'</u>	······································		
OIL CONSERVAT	Aan	n 	Tit	le	And Contractions and Contractions and Call Comp		7 1
Date Date and the Date	n an		Ado	lress			
32-2-64					lichha, lles lle	xico, Dav	- 570