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NEW MEXICO OIL CONSERVATION COMMISSION, C. C.

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

APR 5 3 31 PM '66

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 -" (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 J. F. Janda (NCT-I)
3. Address of Operator Box 670, Hobbs, New Mexico	9. Well No. 6
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 2 TOWNSHIP 23-S RANGE 36-E NMPM.	10. Field and Pool, or Wildcat Langlie Mattix
15. Elevation (Show whether DF, RT, GR, etc.) 3462' GL	12. County Lee

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"/>	

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.

3796' PB.

Loaded hole and spotted acid with 90 barrels of oil. Treated 5-1/2" casing perforations 3642 - 3785' with 1000 gallons of 15% NE acid. Flushed with 17 barrels of oil. AIR 4.8 bpm. TP 2000 - 2200#, CP 700#. ISIP 800#, after 2 minutes TP & CP vacuum. Placed well on production.

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

SIGNED Area Production Manager TITLE Area Production Manager DATE April 5, 1966

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: