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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 19 3 58 PM '65

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 Gulf Oil Corporation	8. Farm or Lease Name Mark
3. Address of Operator Box 670, Hobbs, New Mexico	9. Well No. 4
4. Location of Well UNIT LETTER H 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 3 TOWNSHIP 22-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat Paddock
15. Elevation (Show whether DF, RT, GR, etc.) 3397 GL	12. County Lea

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.

Leaded hole with 190 barrels of water. Spotted 500 gallons of 15% NE FE acid over 7" casing perforations 5080 - 5100'. Squeezed acid into formation. Maximum pressure 1200#, min. 600#. Injection rate 2 bpm. ISIP 100%, after 2 minutes 0#. Ran rods and pump and 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 C. D. BORLAGE TITLE Area Production Manager DATE August 18, 1965
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: