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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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Dual	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Name of Lease Name H. T. Mattern (NCT-D)
3. Address of Operator P. O. Box 670, Hobbs, N.M. 88240	9. Well No. 7
4. Location of Well UNIT LETTER D 660 FEET FROM THE north LINE AND 660 FEET FROM THE west LINE, SECTION 6 TOWNSHIP 22S RANGE 37E NMPM.	10. Field and Pool or Unit Arrowhead Oil Bumont Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3466' GL	12. County Lea

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 Blank off oil zone already TA <input type="checkbox"/>	

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.

3790' TD. Closed lower circulating valve at 3730'. Tested 2-3/8" tubing with 400# gas pressure for 20 minutes, no drop in pressure. Opened upper circulating valve at 3646'. Shifted valves to isolate Arrowhead oil zone and produceumont Gas zone through tubing.

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 **10-23-69**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 23 1969