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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 GULF OIL CORPORATION		8. Farm or Lease Name Hugh
3. Address of Operator P.O. Box 670, Hobbs, NM 88240		9. Well No. 5
4. Location of Well UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>14</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> NMPM.		10. Field and Pool, or Wildcat Drinkard
15. Elevation (Show whether DF, RT, GR, etc.) 3352' 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 checked="" 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 JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Treat for scale

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.

6390' PB.

(6-18-79) Treat for scale w/1000 gal 15% NEFE stblzd HCL. Ppd 24 bbls acid @ 3 BPM @ 50#; flushed w/26 bbls 8.6# Gulf kill flu @ 3 BPM @ 50#. ISIP - vac. (6-19-79) Kicked well off. Test prior to treatment was 0 BO, 0 BW, GV 28 MCF. Test after treatment was 0 BO, 0 BW, GV 33 MCF.

Work performed 6-18-79 to 6-19-79.

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

SIGNED M. B. Sikes, Jr. TITLE Area Engineer DATE 6-22-79

Orig. Signed by

Jerry Sikes

APPROVED BY _____ TITLE _____ DATE JUN 22 1979

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUN 22 1979

**OIL CONSERVATION COMM.
HOBBS, N. M.**