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NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE		Ellective 1-1-05
U.S.G.S.	Rus 23 3 17 FM 3E5	5a. Indicate Type of Lease
LAND OFFICE	- UIT FM SF5	State Fee.
OPERATOR		5. State Oil & Gas Lease No.
· · · · · · · · · · · · · · · · · · ·		
(DO NOT USE THIS FORM FOR PROP USE "APPELICATIO	NOTICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. N FOR PERMIT - " (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL GAS WELL WELL	OTHER-	7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Gulf Oil Corporation		Scarborough Estate
3. Address of Operator		9. Well No.
Box 670, Hebbs, New Mexi	00	5
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER 1.98	6 FEET FROM THE South LINE AND 1980 FEET	So. Brunson Ell.
	FEET	FROM
THE Rest LINE, SECTION	31 TOWNSHIP 22-S RANGE 38-E	
	RANGE	NMPM. ())))))))))))))))))))))))))))))))))))
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3335 GL	
^{16.} Check At	ppropriate Box To Indicate Nature of Notice, Report o	
NOTICE OF INT		JENT REPORT OF:
		JENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORAR LY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
	OTHER	,
OTHER		
	Acidiand	
17. Describe Proposed or Completed Oper	ations (Clearly state all pertinent details, and give pertinent dates, incl	uding estimated date of starting and starting

work) SEE RULE 1103.

Pulled rods and pump. Spotted 250 gallons of 15% NE acid with 30 barrels of lease oil over perforations 7623-7647'. Let set 10 minutes. Pumped 100 gallons of oil, 1000 gallons of CR acid into formation; 100 gallons of Mil, 1000 gallons of CR acid; 100 gallons of oil, 1000 galdons of CR acid with 50# Matriseal mixed in acid. Flushed with 30 barrels of oil. Maximum pressure 2200#, min 1600#. IR 1 bpm. ISIP 2000#, after 5 minutes 1100#. Ewabbed and cleaned up. 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.

S IGNED	C. D. BORLAND	 TITLE Area Production Manager	DATE August 23, 1965
APPROVED BY			
	IS OF APPROVAL, IF ANY:	TITLE	DATE