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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 ☒ ☐ ☐  
5. State Oil & Gas Lease No.  
**B-4467-1**

## 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- 2. Name of Operator <b>Gulf Oil Corporation</b> 3. Address of Operator <b>Box 670, Hobbs, New Mexico 88240</b> 4. Location of Well UNIT LETTER <b>H</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>32</b> TOWNSHIP <b>22-S</b> RANGE <b>38-E</b> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <b>3381' GL</b>	7. Unit Agreement Name 8. Farm or Lease Name <b>T. R. Andrews</b> 9. Well No. <b>6</b> 10. Field and Pool, or Well <b>South Paddock</b> 12. County <b>Lea</b>
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### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ OTHER ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER ☐  
**Acidized**

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting work) SEE RULE 1103.

5616' PB.

Pulled rods and pump. Pumped 500 gallons of 15% NE acid down tubing over 7" casing perforations 5168' to 5184' followed with 30 barrels of fresh water. Flushed with 378 barrels of oil. Maximum pressure 1000#. 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 *B. J. Barkley* TITLE Area Engineer DATE June 16, 1975

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: