NO. OF COPIES RECEIVED				Form C-103		
DISTRIBUTION				Supersedes Old		
SANTA FE	NEW MEXICO	NEW MEXICO OIL CONSERVATION COMMISSION			C-102 and C-103 Effective 1-1-65	
FILE			- 1			
U.S.G.S.			•	5a. Indicate Type o	of Lease	
LAND OFFICE				State 7	Fee. 😦	
OPERATOR				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.)						
I. OIL X GAS WELL	OTHER-			7. Unit Agreement I	Name	
2. Name of Operator Gulf Oil Corporation				8. Farm or Lease Name W. H. Elson		
3. Address of Operator P. O. Box 980, Kern	mit. Texas			9. Well No.		
4. Location of Well		to the same of the		<u> </u>		
UNIT LETTER K	1980 FEET FROM THE _	South LINE AND	, 1 980 FEET FRO	10. Field and Pool,	LÄJTED	
Wort	01	02.6	207 19			
THE West LINE, SE	ction townshi	IP 23-8 RANG	ENMPM	<i>· [[[[[]]]</i>]]		
	15. Elevation (S.	how whether DF, RT, GF	etc.)	12. County		
	111111	3308° D		Lea.		
16. Chec	k Appropriate Boy To I				7777777777	
	k Appropriate Box To I	Indicate Nature of		ther Data		
			SOBSEQUEN	I REPORT OF:		
PERFORM REMEDIAL WORK	PLUG AND A	BANDON REMEDIAL	WORK	ALTERING	CASING	
TEMPORARILY ABANDON		COMMENCE	DRILLING OPNS.		ABANDONMENT	
PULL OR ALTER CASING	CHANGE PLA		ST AND CEMENT JOB		<u></u>	
		OTHER_	Recomplete in	Blinebry	X	
OTHER						
17. Describe Proposed or Completed	Operations (Clearly state all t	pertinent details, and air	a partinant datas in ladi-			
work) SEE RULE 1103.		,	- E	s communica date of sta	ring any proposed	
5400', 543' 4 - 0.62"; acid. Frac 3,500 galsi 10-6-67 on	ed out 5" OD liner 4-36', 5486-88', 55 JHPF. Selectively ced welll with 1,48 1 15% NE acid, and swab. Installed p 1 156 BO and 83 BW,	59-61', 5641-4 acidized perfo 8 barrels gello 48 - 1" RCN bac cumping equipmen	3', 5750-52', and rations w/2,000 od brine, 52,500 lls. Well shower at. On 24 hr. t	d 5830-32' wit gals. 15% NE # 10-20 sand, d first oil est 10-19-67	}_ th	
18. I hereby certify that the information of the second se	dannal	to the best of my knowle		_ DATE <u>Octo</u>	er 19, 1967	
ii. F. Swein					11.1	
APPROVED BY	& Amis	TITLE Et		DATE		
CONDITIONS OF APPROVAL, IF AN				DATE		
STATE OF STATE OF ALL THE ALL						