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U.S.G.S.

LAND OFFICE

OPERATOR

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 ☒Fee ☐

5. State Oil & Gas Lease No.

B-1732

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation		8. Farm or Lease Name Dollarhide Devonian Unit
3. Address of Operator Box 670, Hobbs, New Mexico 88240		9. Well No. 115
4. Location of Well UNIT LETTER <u>E</u> <u>1650</u> FEET FROM THE <u>North</u> LINE AND <u>330</u> FEET FROM THE <u>West</u> LINE, SECTION <u>4</u> TOWNSHIP <u>25-S</u> RANGE <u>38-E</u> NMPM.		10. Field and Pool, or Wildcat Dollarhide Devonian
15. Elevation (Show whether DF, RT, GR, etc.) 3147' GL		12. County Lea

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐COMMENCE DRILLING OPNS. ☐CASING TEST AND CEMENT JOB ☐OTHER ☐ALTERING CASING ☐PLUG AND ABANDONMENT ☐

Acidized

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 1703.

8100' PB.

Pulled rods and pump. Pumped 500 gallons of 15% NE acid down casing over perforations 7700' to 7890'. Flushed with 240 barrels of water. Maximum pressure 2200#, ISIP 1975#, after 3 hours 500#. 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

TITLE

Area Engineer

DATE September 3, 1974

Orig. Signed By

Joe D. Barney

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: