	2	N	
TRIBUTION	NEW MEXICO OIL CON	SERVATION COMMISSION	Form C-103 Supersedes Old C-102 and C-103 Effective 1-1-65
U.S.G.S.	1		5a. Indicate Type of Lease
LAND OFFICE			State Fee XX
OPERATOR			5, State Oil & Gas Lease No.
	-		
(DO NOT USE THIS FORM FOR PR USE "APPLICA	RY NOTICES AND REPORTS ON TOPOSALS TO DELL OR TO DEEPEN OR PLUG I TION FOR PERMIT -" (FORM C-101) FOR SUI	WELLS BACK TO A DIFFERENT RESERVOIR. (H FROPOSALS.)	
I. OIL GAS WELL XX	OTHER-		7. Unit Agreement Name
2. Name of Operator			8. Farm or Lease Name
Gulf Oil Corporation			Bertha
3. Address of Operator			9. Well No.
Box 670, Hobbs, New M	lexico 88240		
4. Location of Well	10. Field and Pool, or Wildcat		
UNIT LETTER M	60 FEET FROM THE South	LINE AND FEET FROM	Langlie Mattix Gas
THE West LINE, SECT	10N 23 TOWNSHIP24-S	RANGE <u>37-E</u> NMPM	
Δ	15. Elevation (Show whether	•	12. County
		'DF	Lea AIIIIII
Check	Appropriate Box To Indicate N		
NOTICE OF I	T REPORT OF:		
PERFORM REMEDIAL WORK			
	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
	CHANGE PLANS	CASING TEST AND CEMENT JOB	_
OTHER		OTHER	
		Acidized	
17. Describe Proposed or Completed O	perations (Clearly state all pertinent dete		

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.

3440' TD.

Pumped 1000 gallons of 15% NEacid down tubing over open hole interval 3225' to 3440'. Flushed with 12 barrels of water. Swabbed and cleaned up. Well would not flow. Closed well in pending study for further remedial work.

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

\$ IGNED	<u> H.J.</u>	Buareale	TITLE _	Area Engineer	DATE	February 27	, 1974
	0	0				<u> 2011 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997</u>	
APPROVED BY			TITLE	· · · · · · · · · · · · · · · · · · ·	DATE		
CONDITION	S OF APPROVA	L. IF ANY:					· · · · ·