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# NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

## 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- <input type="checkbox"/>		5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
2. Name of Operator <b>Gulf Oil Corporation</b>		5. State Oil & Gas Lease No.
3. Address of Operator <b>P. O. Box 980, Kermit, Texas 79745</b>		7. Unit Agreement Name
4. Location of Well UNIT LETTER <b>N</b> , <b>330</b> FEET FROM THE <b>South</b> LINE AND <b>1980</b> FEET FROM THE <b>West</b> LINE, SECTION <b>13</b> TOWNSHIP <b>25-S</b> RANGE <b>37-E</b> NMPM.		8. Farm or Lease Name <b>L. McBuffington</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3091' KB</b>		9. Well No. <b>8</b>
		10. Field and Pool, or Wildcat <b>Justis Fusselman</b>
		12. County <b>Lea</b>

16.

## Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

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.

**Acidize Fusselman perforations 6730-36', 6700-02',  
6696-98' w/1,000 gallons 28% NE acid.**

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

SIGNED **H. F. Swannack** TITLE **Area Production Manager** DATE **March 13, 1968**  
H. F. Swannack  
APPROVED BY **[Signature]** TITLE **DISTRICT** DATE **1968**  
CONDITIONS OF APPROVAL, IF ANY: