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U.S.G.S.
LAND OFFICE
OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

DEC 21 11 33 '66

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

Indicate Type of Lease	
Time ☒	Other ☐
State Oil & Gas Lease No.	
B-228-1	
Lease Agreement Name	
Vinson Ramsay (NCF B)	
Lease No.	
9	
Lease and Pool, or Well No.	
Justis Blinbry	
Lease No.	
Lea	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT WELL. USE APPLICATION FOR PERMIT TO DRILL FORM C-101 FOR SUCH PROPOSALS.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator
Gulf Oil Corporation
3. Address of Operator
P. O. Box 980, Kermit, Texas
4. Location of Well
UNIT ☒ P 990 FEET FROM THE South 660
THE East 36 TOWNSHIP 25S RANGE 37E
5. Location of Well (whether Dr, R, or G)
3029.9' GR

Check Appropriate Box To Indicate Nature of Notice or Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REPAIR ☐	ALTERING Casing ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMPLETION ☐	PLUG AND ABANDONMENT ☐
REPAIR OR ALTER Casing ☐	OTHER ☐	Re-frac ☒	

6. Location of proposed well (whether on existing or new lease) (Clearly state all pertinent details, and do not include any information including estimated date of starting any proposed work) SEE RULE 1103.

Pulled rods, spotted 500 gal. 15% NE acid w/brine. Pulled tubing. Frac w/24,000 gals. gelled brine, 32,000# 10-20 mesh sand, 600 bbls Adomite Aqua, 72 RCN ball sealers in 4 stages of 2,000 gal pad, 4,000 gals w/2# 10-20 mesh sand per gal. and 24 RCN balls. Flushed w/213 bbls water. Max pres 2400 psi, min press 1600 psi. Avg inj rate 27.3 BPM. ISIP 900 psi, 15 min SIP 650 psi. Ran tubing and rods.

On OCC potential test, ppd 27 BO, 13 BW, 2-3/8" tbg, 10 x 74" SPM in 24 hrs end 12-17-66.

I, 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 December 19, 1966

H. F. Swannack

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: