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U.S.G.S.
LAND OFFICE
OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease Lease ☒ Fee ☐
5. Indicate Gas Lease No. B-228-1

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. Unit Agreement Name	
2. Name of Operator Gulf Oil Corporation		4. Name of Lease Name Vinson-Ramsay (NCT-B)	
3. Address of Operator Box 670, Hobbs, NEW Mexico 88240		1. Well No. 10	
4. Location of Well UNIT LETTER 0 990 FEET FROM THE South LINE AND 1980 FEET FROM THE East SECTION 36 TOWNSHIP 25-S RANGE 37-E NMPM.		10. Well and Lease, or Well Unit Justis Blinebry	
15. Elevation (Show whether DE, RT, GR, etc.) 3027' GL		11. County Lea	

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING WORK ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	
OTHER ☐ Perforated additional zone and frac treated.			

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.

5470' PB.

Pulled producing equipment. Perforated additional Justis Blinebry zone in 7" casing with 4, 1/2" JHPF at 5028-30', 5054-56', 5072-74', 5094-96', 5128-30', 5177-79'. Ran treating equipment and treated new perforations with 1500 gallons of 15% NE acid, 12,000 gallons of gel brine water and 40,000 gallons of gel water containing 1 to 3# SPG. Flushed with 46 barrels of water. ISIP 1500#, after 15 minutes 250#. AIR 18 BPM. Swabbed and cleaned up. Pulled treating equipment. Ran 2-3/8" tubing and set at 5290'. 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 B. J. [Signature] TITLE Area Engineer DATE June 9, 1975

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: