OF COPIES RECEIVED				Form C-103
DISTRIBUTION				Supersedes Old
SAN . A FE		NEW MEXICO OIL CONS	ERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
FILE				
U.S.G.S.		•		5a. Indicate Type of Lease
LAND OFFICE		•		State B Fee
OPERATOR				5, State Oil & Gas Lease No.
				B-229-1
	SUNDRY NOTICE	S AND REPORTS ON	WELLS	
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.)				
OIL X GAS WELL				7. Unit Agreement Name
Name of Operator				6. Farm or Lease Name
Gulf Oil Corporation				J. F. Janda (NCT-F)
. Address of Operator	401011			9. Well No.
				16
P. O. Box 670, Hobbs, N.M. 88240				10. Field and Pool, or Wildcat
				South Eunice
UNIT LETTER H 1980 FEET FROM THE NOTTH LINE AND 660 FEET FROM				FROM SOUGH EUHLCE
THE <u>east</u> LII	HE, SECTION 4	TOWNSHIP 225	RANGE <u>36E</u> 1	VMPM. (
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	.//////////////////////////////////////	5. Elevation (Show whether	· · · · · · · · · · · · · · · · · · ·	12. County
	7////////////		3594° GI	Lea
6.	Check Appropriat	e Box To Indicate N	ature of Notice, Report o	r Other Data
NOTIC	E OF INTENTION	TO:	_	JENT REPORT OF:
PERFORM REMEDIAL WORK		PLUE AND ASANDON	REMEDIAL WORK) [7
EMPORARILY ABANDON				ALTERING CABING
PULL OR ALTER CASING			COMMENCE DRILLING OPHS.	PLUS AND ASANDONMENT
The control of the co		CHANGE PLANS	CABING TEST AND CEMENT JOS	J Pamamt
			OTHER Well Status	Report x
OTHER		L-J	,	
7. Describe Proposed or Com	pleted Operations (Cle	arly state all pertinent deta	ile, and sive pertinent dates incl	uding estimated date of starting any proposed
work) SEE RULE 1703.				
Well has not prod	uced since 196	2. Will nlug en	d abandon early 1975	
	2002 021100 270	~. write brug an	d abandon early 197)	•
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	<i>.</i> *	•		
. I hereby certify that the inf	ormation above is true	•		
. I hereby certify that the inf	ormation above is true	•		
. I hereby certify that the inf	ormation above is true	and complete to the best of	f my knowledge and belief.	
. I hereby certify that the inf	ormation above is true	and complete to the best of		DATE 10-15-74
. I hereby certify that the inf	arbeit	end complete to the best of	f my knowledge and belief.	DATE
8. I hereby certify that the inf	ormation above is true Config. Signature	end complete to the best of	f my knowledge and belief.	DATE 10-15-74

Dist. I. Supv.

CONDITIONS OF APPROVAL, IF ANYI