

NEW MEXICO OIL CONSERVATION COMMISSION

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DISTRIBUTION		
STATE FEE		
FILE		
U.S.G.S.		
FIELD OFFICE		
OPERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-1732

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 WELL GAS WELL OTHER

2. Name of Operator
Gulf Oil Corporation

3. Address of Operator
P.O. Box 670 Hobbs, N.M. 88240

4. Location of Well
UNIT LETTER M 660 FEET FROM THE south LINE AND 660 FEET FROM THE west LINE, SECTION 34 TOWNSHIP 21S RANGE 36E NMPM.

7. Unit Agreement Name

8. Farm or Lease Name
Wm. A. Ramsay (NCT-A)

9. Well No.
49

10. Field and Pool, or Wildcat
South Eunice

15. Elevation (Show whether DF, RT, GR, etc.)
3556' GL

12. 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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	Well Status Report <input checked="" 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.

Request one year extension. Will plug and abandon in 1976.

Expires 10-1-76

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

SIGNED G.F. Berlin TITLE Area Engineer DATE 9/24/75

APPROVED BY [Signature] TITLE Geologist DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: