N OF COPIES RECEIVED			Form C-103			
DISTRIBUTION				Supersedes Old C-102 and C-103		
AN : A FE NEW MEXICO OIL CONSERVATION COMMISSION			Effective 1-1-65			
FILE			,		·	
U.S.G.S.		•	Sa. Indicate Type	of Lease		
LAND OFFICE			State X	Fe	• 📖	
OPERATOR			5. State Oil & Ga	is Lease No.		
			B-1732			
SUNI	DRY NOTICES AND REPORTS ON	WELLS				
IDO NOT USE THIS FORM FOR	PROPOSALS TO DRILL OR TO DEEPEN OR PLUG E ATION FOR PERMIT -" (FORM C-101) FOR SUC	ACK TO A DIFFERENT RESERVOIR.				
1.			7. Unit Agreemen	it Name		
WELL XX WELL	OTHER-					
2. Name of Operator			8. Farm or Lease	8. Farm or Lease Name		
Gulf Oil Corporati	W. A. Rams	W. A. Ramsay (NCT-A)				
3. Address of Operator			9. Well No.			
Box 670, Hobbs, New Mexico 88240						
4. Location of Well				10. Field and Pool, or Wildcat		
UNIT LETTER H 1980 FEET FROM THE NORTH LINE AND 660 FEET FRO				Arrowhead		
UNIT LETTER , FEET FROM THE LINE AND FEET FROM				777777	11111	
THE East LINE, SECTION 35 TOWNSHIP 21-S RANGE 36-E NMPM						
				///////		
	15, Elevation (Show whether	DF, RT, GR, etc.)	12. County	MILLE	1111	
	355	0'GL	Lea			
16. Ch						
	Appropriate Box To Indicate N	-	IENT REPORT OF:			
NOTICE OF	INTENTION TO:	3063200	ENT REPORT OF.			
	PLUG AND ABANDON	REMEDIAL WORK		ING CASING		
PERFORM REMEDIAL WORK	PLUG AND ABANDON	=		AND ABANDONMI		
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.		IND ABANDONMI	-N' []	
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB				
OTHER Abandon Arrowhe	ad and complete in	OTHER				
Eumont Gas Zon						
17. Describe Proposed or Completed	Operations (Clearly state all pertinent det	ails, and give pertinent dates, incli	uding estimated date of	starting any p	roposed	
work) SEE RULE 1 103.						
3850' TD.						
Pull produci	ng equipment. Set CI BP	at approximately 3725	' and cap with	10' cem	ent.	
	one in 5-1/2" casing in t					
	acker at approximately 27					
	approximately 1000 gallon					
	er containing 0 to 2# SPG				İ	
and place well on				_F		
and place woll on	,					
			•			
18 I hereby certify that the informat	lon above is true and complete to the best	of my knowledge and belief				
10. I hereby certify that the imprimat	A STATE OF THE STA	• · · · · · · · · · · · · · · · · · · ·				
(XI)	2	Amaa Paadaaa	V	-ha= 10	107/	
SIGNED	TITLE	Area Engineer	DATE NOVE	mber 19.	17/4	
						
	T1#1#		DATE			

CONDITIONS OF APPROVAL, IF ANYI

CIL CONSERVAT COMM.