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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - " (FORM C-101, FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER
2. Name of Operator
Gulf Oil Corporation
3. Address of Operator
Box 670, Hobbs, N.M. 88240
4. Location of Well
UNIT LETTER **G** **1980** FEET FROM THE **north** LINE AND **1980** FEET FROM
THE **East** LINE, SECTION **19** TOWNSHIP **19S** RANGE **37E** N.M.P.M.

7. Unit Agreement Name
8. Form or Lease Name
B. V. Culp (NCT-A)
9. Well No.
4
10. Field and Pool, or Wildcat
Eunice-Monument

15. Elevation (Show whether DF, RT, GR, etc.)
3666' 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 JOB <input type="checkbox"/>	
		OTHER Plug Back <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.
3988' TD. 3922' PB.

Pulled producing equipment. Plugged back with hydromite to 3922'. Ran producing equipment and returned well to production.

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

SIGNED *D. F. Berlin* TITLE Area Engineer DATE 6-17-77

REMOVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: