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NEW MEXICO OIL CONSERVATION COMMISSION, C.

JUL 12 1966

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 DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name G. C. Matthews
3. Address of Operator Box 670, Hobbs, N.M.	9. Well No. 12
4. Location of Well UNIT LETTER P 330 FEET FROM THE south LINE AND 990 FEET FROM THE east LINE, SECTION 6 TOWNSHIP 20S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Mormont Blinberry
15. Elevation (Show whether DF, RT, GR, etc.) 3556' DF	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 <input checked="" type="checkbox"/> TA Report

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.

Well is still carried as temporarily abandoned. No plans have been made at this time for further work on this well.

THE COMMISSION MUST BE NOTIFIED
EVERY 6 MONTHS ON FORM C-103
AS TO THE WELL STATUS AND YOUR
FUTURE PLANS FOR THIS WELL.

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

SIGNED _____ TITLE **Area Production Manager** DATE **7-12-66**

APPROVED BY *Leslie A. Clements* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: