

L CONSERVATION DIVISIC

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-

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FILE		
U.S.O.S.		
LAND OFFICE		
OPERATOR		

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.)

OIL WELL GAS WELL OTHER
 Name of Operator: **Gulf Oil Corporation**
 Address of Operator: **P. O. Box 670, Hobbs, NM 88240**
 Location of well:
 UNIT LETTER **B** **554** FEET FROM THE **North** LINE AND **1874** FEET FROM
 THE **East** LINE, SECTION **28** TOWNSHIP **21S** RANGE **37E** N.M.P.M.

7. Unit Agreement Name
 8. Farm or Lease Name: **Eunice King**
 9. Well No.: **23**
 10. Field and Pool, or Wildcat: **Hare Simpson**

15. Elevation (Show whether DF, RT, GR, etc.): **3454' GL.**

12. County: **Lea**

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"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER: Repaired	<input checked="" type="checkbox"/>

7. 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.

Repaired rods; restored well to production. Well currently producing.

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

BY: *R. D. Pater* TITLE: Area Engineer DATE: 5-28-81

APPROVED BY: _____ TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY: _____