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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.
 B-1732

7. Unit Agreement Name

8. Farm or Lease Name
 Harry Leonard (NCT-D)

9. Well No.
 11

10. Field and Pool, or Wildcat
 South Eunice

15. Elevation (Show whether DF, RT, GR, etc.)
 3564' GL

12. County
 Lea

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 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 J 1980 FEET FROM THE south LINE AND 1980 FEET FROM THE east LINE, SECTION 3 TOWNSHIP 22S RANGE 36E NMPM.

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 <u>Well Status Report</u> <input checked="" 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 1703.

Well last produced in 1970. Will plug and abandon early 1975.

Expires 10/11/75

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

SIGNED [Signature] TITLE Area Engineer DATE 10-15-74

APPROVED BY Joe D. Warner TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: Dist. 1, Surv.