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NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-OPEN 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, New Mexico 88240

4. Location of Well

UNIT LETTER **0** **800** FEET FROM THE **South** LINE AND **1980** FEET FROM
THE **East** LINE, SECTION **28** TOWNSHIP **21-S** RANGE **36-E** N.M.P.M.

5a. Indicate Type of Lease
State ☐ Fee ☒

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
S. E. Felton

9. Well No.
2

10. Field and Pool, or Wildcat
Eumont

12. County
Lea

15. Elevation (Show whether DF, RT, CR, etc.)
3610' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
FULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☒	
		OTHER ☐	

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.

Capitan Drilling Company spudded 12-1/4" surface hole at 10:00 PM, January 28, 1977. Drilled to 356'. Ran 8 joints of 8-5/8" OD 24# K-55 ST&C casing set and cemented at 355' with 200 sacks of Class C with 2% Ca C12. Cement circulated. WOC over 24 hours. Tested casing with 1,000#, 30 minutes, OK.

Started drilling 7-7/8" hole at 356' at 6:00 PM, January 30, 1977.

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

CHIEF **D. F. Berlin** TITLE **Area Engineer** DATE **January 31, 1977**

APPROVED BY **[Signature]** TITLE **[Signature]** DATE **[Signature]**

CONDITIONS OF APPROVAL, IF ANY: