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| LAND OFFICE | | |
| OPERATOR | | |

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

HOBBS OFFICE O.C.C. HOBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION

MAR 28 3 40 PM '66
MAR 28 3 50 PM '66

6a. 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 GAS WELL OTHER

2. Name of Operator
Gulf Oil Corporation

3. Address of Operator
Box 670, Hobbs, New Mexico

4. Location of Well
UNIT LETTER **B** , **660** FEET FROM THE **North** LINE AND **1980** FEET FROM
THE **East** LINE, SECTION **5** TOWNSHIP **22-S** RANGE **37-E** NMPM.

7. Unit Agreement Name
South Penrose Skelly Unit

8. Farm or Lease Name

9. Well No.
105

10. Field and Pool, or Wildcat
Penrose Skelly

15. Elevation (Show whether DF, RT, GR, etc.)
3459' 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"/> | REMEDIATION 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 JOBS <input type="checkbox"/> | OTHER <input type="checkbox"/> |
| | | CI 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 still carried as closed in. No plans have been made at this time for further work on this well.

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

ORIGINAL SIGNED BY
SIGNED W. D. EARLE TITLE **Area Production Manager** DATE **March 27, 1966**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: