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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 XX   Fee ☐

5. State Oil & Gas Lease No.
NM-2056

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- **Gas - Oil Dual**

7. Unit Agreement Name

2. Name of Operator
Gulf Oil Corporation

8. Farm or Lease Name
Graham State (NCT-E)

3. Address of Operator
Box 670, Hobbs, New Mexico 88240

9. Well No.
2

4. Location of Well

UNIT LETTER **R** , **1980** FEET FROM THE **South** LINE AND **1980** FEET FROM

THE **East** LINE, SECTION **6** TOWNSHIP **21-S** RANGE **36-E** NMPM.

10. Field and Pool, or Wildcat
Eun Mon - Eumont Gas

15. Elevation (Show whether DF, RT, GR, etc.)
3578' GL

12. County
Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐   PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

PULL OR ALTER CASING ☐   CHANGE PLANS ☐

OTHER_____ ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐   ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐   PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER_____ ☐

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.

3885' TD.
    Subject well is a one string tubing dual with lower circulating valve at 3604', packer at 3598' and upper circulating valve at 3559'. Lower valve was closed on February 27, 1974, temporarily abandoning Eunice-Monument zone and upper valve opened, producing the Eumont Gas through the tubing.

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 **September 18, 1974**

APPROVED BY _Orig. Signed by Joe D. Ramey Dist. I, Supv._   TITLE _____   DATE _____

CONDITIONS OF APPROVAL, IF ANY: