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NEW MEXICO OIL CONSERVATION COMMISSION

AUG 19 3 58 PM '65

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

5a. Indicate Type of Lease
☒ **XP** ☐ **Y** Fee ☐

5. State Oil & Gas Lease No.

B-229-1

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Dual	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name J. F. Janda (NCT-F)
3. Address of Operator Box 670, Hobbs, New Mexico	9. Well No. 13
4. Location of Well UNIT LETTER P , 660 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 22-S RANGE 31-E NMPM.	10. Field and Pool, or Wildcat Jalmat-South Eunice
15. Elevation (Show whether DF, RT, GR, etc.) 3579 OL	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"/>	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 JOBS <input type="checkbox"/>	
		OTHER <input type="checkbox"/>	

Repaired communication

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.

Pulled both strings of tubing. Found hole in 2-3/8" N-80 coupling. Replaced coupling and 1, 2-3/8" X 8' tubing nipple, 1 joint of 1" tubing and coupling opposite 2-3/8" coupling and nipple. Ran both strings tubing and placed well on production. Ran packer leakage test.

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

ORIGINAL SIGNED BY
SIGNED C. D. BORLAND TITLE Area Production Manager DATE August 28, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: