

Form C-103
 Supersedes Old
 C-102 and C-101
 Effective 1-1-65

NEW MEXICO OIL CONSERVATION COMMISSION

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
 State Oil Gas

5. Name of Lessee
 B-229

8. Form of Lease
 Arnott-Ramsay (NCT-F)

9. Well No.
 1

10. Name of Operator
 Langlie Mattix

12. County
 Lea

SUMMARY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSED TO BE DRILLED OR TO BE DEEPER OR PLUG BACK TO A DIFFERENT RESERVOIR. USE THIS FORM FOR PROPOSED TO BE DRILLED OR TO BE DEEPER OR PLUG BACK TO A DIFFERENT RESERVOIR.)

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 D 660 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 36 TOWNSHIP 25-S RANGE 37-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
 3038' GL

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 OPERATIONS <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"/>	

Closed in Report.

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work) SEE RULE 1103.

Subject well is uneconomical to produce at this time. To be carried as closed in, pending remedial work.

3/1/77

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

SIGNED C. R. Koyama TITLE Project Petroleum Engineer DATE February 18, 1976

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: