

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

RECEIVED BY

OCT 24 1983

O. C. D.  
ARTESIA, OFFICEForm C-103  
Revised 10-1-73

|                        |                                     |
|------------------------|-------------------------------------|
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| DISTRIBUTION           |                                     |
| SANTA FE               | <input checked="" type="checkbox"/> |
| FILE                   | <input checked="" type="checkbox"/> |
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| LAND OFFICE            | <input checked="" type="checkbox"/> |
| OPERATOR               | <input checked="" type="checkbox"/> |

|                              |                                                                        |
|------------------------------|------------------------------------------------------------------------|
| 5a. Indicate Type of Lease   | State <input checked="" type="checkbox"/> Fee <input type="checkbox"/> |
| 5. State Oil & Gas Lease No. | B-11662-0                                                              |

## SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FOR PROPOSALS TO DRILL OR TO REDEVELOP OR TO RE-LEASE TO A DIFFERENT RESERVOIR  
USE APPLICATION FOR PERMIT TO DRILL AND REDEVELOP OR TO RE-LEASE TO A DIFFERENT RESERVOIR

|                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Type of Well <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER: _____<br>2. Name of Operator <u>C.O. Fulton</u><br>3. Address of Operator <u>P.O. Box 1121 Artesia, N.M.</u><br>4. Location of Well<br>UNIT LETTER <u>D</u> <u>330</u> FEET FROM THE North <u>330</u> FEET FROM <u>WEST</u> LINE, SECTION <u>3</u> T17N R17E S29E<br>15. Flowing or Shut-in (or both, GR, etc.) <u>3615 GR</u> | 6. Unit Agreement Name<br>7. Farm or Lease Name <u>Gulf State "B" Unit</u><br>8. Well No. <u>3</u><br>9. Field and Pool, or Wildcat <u>Lyons Lake - G-SH</u><br>10. County <u>EDDY</u> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data  
NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                       |                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 1. DRILL REMEDIAL WORK <input type="checkbox"/><br>2. ORABLY ABANDON <input type="checkbox"/><br>3. OR ALTER CASING <input type="checkbox"/><br>4. PLUG AND ABANDON <input type="checkbox"/><br>5. CHANGE PLANS <input type="checkbox"/><br>6. OTHER <input type="checkbox"/> | 7. DRILLING WORK <input type="checkbox"/><br>8. REFINING DRILLING OPERATIONS <input type="checkbox"/><br>9. CEMENT TEST AND CEMENT JOB <input type="checkbox"/><br>10. OTHER <input type="checkbox"/> | 11. ALTERING CASING <input type="checkbox"/><br>12. PLUG AND ABANDON <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

Describe Proposed or Completed Operations (Clearly state beginning and ending dates, including estimated date of start if any proposed work) SEE RULE 1103.

9-1-83 Reset socket, and is flowing water at 2155 Ft.  
 9-4-83 An increase in water at 2166 Ft.  
 9-7-83 work 7" casing string tool up and began reaming  
 reaming from 1940-1959 Ft.  
 9-9-83 Ream from 1959 to 1972 Ft.  
 9-1-83 Ream from 1972 to 1987 Ft.

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

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SIGNED

C. O. Fulton

DATE 9-10-83

For Record Only

DATE

CONDITIONS OF APPROVAL, IF ANY: