

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
FEB 22 1984
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ For ☒
5b. Oil & Gas Lease No.

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corp. ✓ 1-393-4121	8. Farm or Lease Name Feather Corn
3. Address of Operator P. O. Box 670, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER K 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 18 TOWNSHIP 18S RANGE 27E NMPM.	10. Field and Pool, or Wildcat Chalk Bluff Wet Camp
15. Elevation (Show whether DF, RT, GR, etc.) 3282' GR	12. County Eddy

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☒
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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.

POH up rods, pump + thg. set CIBP @ 6285'. Load hole w/abandonment mud. Spot 35' Cmt on CIBP. Spot 100' Cmt plug @ 4400'. Spot 100' Cmt plug @ 3680'. Spot 100' Cmt plug @ 1250'. Spot 100' Cmt plug @ 250'. Remove WH + csq flange. Set dry hole marker in 10' surf plug. Clear + clear loc. P+A 2-16-84.

1.) deadmen up, Tank brrys still up. Junk on loc, cellar not filled in

Part ID-2
2-24-84
PKA

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

SIGNED RD Pate TITLE AREA ENGINEER DATE 2-21-84

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: