STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE	✓	
FILE	✓	✓
U.S.G.S.		
LAND OFFICE		
OPERATOR	✓	

RECEIVED BY
JAN 04 1984
O. C. D.
ARTESIA, OFFICE

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

RECEIVED BY
NOV 30 1983
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-

5a. Indicate Type of Lease: State ☐ Fee ☒
5. State Oil & Gas Lease No.

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-

7. Unit Agreement Name

2. Name of Operator: Gulf Oil Corp. ✓

8. Farm or Lease Name: Atoka San Andres Unit

3. Address of Operator: P.O. Box 670, Hobbs, NM 88240

9. Well No.: 157

4. Location of Well: UNIT LETTER E, 2263 FEET FROM THE North LINE AND 488 FEET FROM THE West LINE, SECTION 13 TOWNSHIP 18S RANGE 26E NMPM.

10. Field and Pool, or Wildcat: Atoka San Andres

15. Elevation (Show whether DF, RT, GR, etc.): 3301' GL

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 ☐		COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	CHANGE PLANS ☐	CASING TEST AND CEMENT JOB ☒	
OTHER ☐		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.

TD 942' @ 10:45 A.M., 11-15-83. RU & ran 22 jts + 1 cut jt 8 5/8" 24# K-55 ST&C, set @ 932'. Cmt w/ 450 sx 6% gel Cl "C" + 200 sx Cl "C" 2%. Plug dn 7:00 P.M., 11-15-83. Did not circ. Witnessed by Weaver w/ OCD. Temp. surv showed top of cmt @ 110'. Cmt w/ 50 sx Cl "C" 1½% CaCl. Circ cmt. Witnessed by OCD. WOC 18 hrs per OCD. TESTED CASING TO 1000 psi FOR 30 MIN WITH BIG PUMPS. OK.

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

SIGNED J. M. Matthews TITLE AREA DRLG SUPT DATE 11-29-83

Original Signed by
Leslie A. Clements
Supervisor District II

APPROVED BY _____ TITLE _____ DATE JAN 04 1984

CONDITIONS OF APPROVAL, IF ANY: