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NEW MEXICO OIL CONSERVATION COMMISSION  
APR 11 3 53 PM '67

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>C-7815</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>Eddy AV State (NCT-A)</b>
9. Well No. <b>2</b>
10. Field and Pool, or Wildcat <b>East Millman Q. Grb.</b>
12. County <b>Eddy</b>

**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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator <b>Gulf Oil Corporation</b>
3. Address of Operator <b>Box 670, Hobbs, New Mexico</b>
4. Location of Well UNIT LETTER <b>I</b> , <b>1650</b> FEET FROM THE <b>South</b> LINE AND <b>330</b> FEET FROM THE <b>East</b> LINE, SECTION <b>21</b> TOWNSHIP <b>19-S</b> RANGE <b>28-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3399' GL</b>

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 JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>
		<b>CI Report</b>	

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 1503.

Well still carried as closed in. No plans have been made at this time for further work on this well.

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

ORIGINAL SIGNED BY <b>G. D. BORLAND</b>	TITLE <b>Area Production Manager</b>	DATE <b>April 4, 1967</b>
SIGNED _____	TITLE _____	DATE <b>APR 3 1967</b>
APPROVED BY <b>W. A. Gressett</b>	TITLE <b>Area Production Manager</b>	DATE <b>APR 3 1967</b>
CONDITIONS OF APPROVAL, IF ANY:		