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J.S.G.S.	
LAND OFFICE	
OPERATOR	/

RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION
MAR 30 1978

O. C. C.
ARTESIA, OFFICE

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

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
L-187	
7. Unit Agreement Name	
8. Farm or Lease Name	
Eddy "GF" State	
9. Well No.	
1	
10. Field and Pool, or Wildcat	
S. Artesia	
Under Morrow	
12. County	
Eddy	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REFINISH OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (FORM C-101, FOR SUCH PROPOSALS.)

OIL WELL ☐ GAS WELL ☒ OTHER ☐

Name of Operator
Gulf Oil Corporation ✓

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

Location of Well
UNIT LETTER C 810 FEET FROM THE North LINE AND 1980 FEET FROM
THE West LINE, SECTION 16 TOWNSHIP 23-S RANGE 27-E N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3140' GL

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 ☐
NULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	OTHER ☐

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.

12,269' TD.

Open well, pull producing equipment. Straddle perforations 11,842-11,852, 12,139-12,144, and 12,156-12,162, Swab and test. Testing is to determine source of water entry.

If unable to buck gas line pressure well may be flared during testing operations.

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

APPROVED BY <u>N. B. Sikes, Jr.</u>	TITLE <u>Area Engineer</u>	DATE <u>3-29-78</u>
APPROVED BY <u>W. A. Gussert</u>	TITLE <u>SUPERVISOR, DISTRICT II</u>	DATE <u>MAR 31 1978</u>
CONDITIONS OF APPROVAL, IF ANY:		