

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

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DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.O.S.	
LAND OFFICE	
OPERATOR	1

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
L-1462

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO AN ADJACENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐
2. Name of Operator
GULF OIL CORPORATION
3. Address of Operator
P.O. Box 670, Hobbs, NM 88240
4. Location of Well
UNIT LETTER G 1550 FEET FROM THE North LINE AND 1780 FEET FROM THE East LINE, SECTION 16 TOWNSHIP 23S RANGE 28E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
3024' GL
7. Unit Agreement Name
8. Farm or Lease Name
Eddy "GR" State
9. Well No.
2
10. Field and Pool, or Wildcat
Undes. No. Loving Morrow Gas
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 JOB ☒ 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.

12,901' TD. Drilled to TD of 6½" hole @ 10:30A, 6-25-79. Ran 5" 15# N-80 LT&C csg (1350') and 18# S-95 csg (1826') and set @ 12,900', FC @ 12,856'. Cmt w/500 sx Class "H" w/1% CFR-2 and 0.5% Halad-9. WOC over 24 hrs. Tested liner to 3000# for 30 min - OK.

Work performed 6-25-79 through 7-3-79.

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

SIGNED Glyn Stone TITLE Area Engineer DATE 7-6-79

APPROVED BY M. Williams TITLE OIL AND GAS INSPECTOR DATE JUL 10 1979

CONDITIONS OF APPROVAL, IF ANY: