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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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

Mar 9 8 15 AM '65

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.
B-230

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"/>	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name Bell-Ramsay (NCT-A)
3. Address of Operator Box 670, Hobbs, New Mexico	9. Well No. 13
4. Location of Well UNIT LETTER U 940 FEET FROM THE South LINE AND 940 FEET FROM THE West LINE, SECTION 4 TOWNSHIP 21-S RANGE 36-E N.M.P.M.	10. Field and Pool, or Wildcat Oil Center Blinberry
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Ira

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK

TEMPORARILY ABANDON

PULL OR ALTER CASING

OTHER

PLUG AND ABANDON

CHANGE PLANS

SUBSEQUENT REPORT OF:

REMEDIAL WORK

COMMENCE DRILLING OPNS.

CASING TEST AND CEMENT JOBS

OTHER

ALTERING CASING

PLUG AND ABANDONMENT

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.

Hollin Drilling Company spudded 11" hole at 1:00 PM, March 6, 1965. Drilled to 1248'. Ran 38 joints, 1230' of 8-5/8" OD 2 1/2" J-55 ST&C casing set and cemented at 1246' with 375 sacks of Incor with 4% gel and 2% Ca Cl. Circulated 35 sacks. WOC & NU 18 hours. Tested casing and BOP with 2000#, 30 min. OK.
Started drilling 7-7/8" hole at 5:15 AM, March 8, 1965.

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

SIGNED [Signature] TITLE Area Production Manager DATE March 8, 1965

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: