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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

AUG 22 3 30 PM '69

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Gulf Oil Corporation 3. Address of Operator Box 670, Hobbs, New Mexico 88240 4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 4 TOWNSHIP 22-S RANGE 37-E N.M.P.M.	7. Unit Agreement Name South Penrose Skelly Unit 8. Farm or Lease Name Penrose Skelly 9. Well No. 101 10. Field and Pool, or Wildcat Penrose Skelly 15. Elevation (Show whether DF, RT, GR, etc.) 3468' GL 12. County Lea
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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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>

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.

Installed risers and valves above ground level on each casing string. Inspected by John Ryan. Will fill cellar.

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

SIGNED C. D. BORLAND ORIGINAL SIGNED BY C. D. BORLAND TITLE Area Production Manager DATE August 22, 1969

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT DATE AUG 22 1969

CONDITIONS OF APPROVAL, IF ANY: