

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-

|                        |  |
|------------------------|--|
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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.)

|                                                                                                                                                                                                      |                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                                        | 7. Unit Agreement Name<br>Central Drinkard Unit |
| Name of Operator<br>Gulf Oil Corporation                                                                                                                                                             | 8. Farm or Lease Name                           |
| Address of Operator<br>P. O. Box 670, Hobbs, NM 88240                                                                                                                                                | 9. Well No.<br>128                              |
| Location of Well<br>UNIT LEFT <u>B</u> <u>810</u> FEET FROM THE <u>North</u> LINE AND <u>2180</u> FEET FROM<br>THE <u>East</u> LINE, SECTION <u>33</u> TOWNSHIP <u>21S</u> RANGE <u>37E</u> N.M.P.M. | 10. Field and Pool, or Wildcat<br>Drinkard      |
| 15. Elevation (Show whether DF, RT, GR, etc.)                                                                                                                                                        | 12. County<br>Lea                               |

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 _____                                    |                                           | OTHER <u>Changing Rod String</u> <input checked="" type="checkbox"/> |                                               |

7. 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.

Fish parted rods. POH with rods. RIH with new rods. Check pump action. Complete after changing entire rod string 5-20-81.

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

SIGNED R.D. Pater TITLE Area Engineer DATE 5-28-81

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: