

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

Form C-103
Revised 10-1-7

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

5a. Indicate Type of Lease
State ☒ Fee ☐
5. State Oil & Gas Lease No.
LG 3224

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 ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name Lea "VF" State
3. Address of Operator P. O. Box 670, Hobbs, NM 88240	9. Well No. 1
4. Location of well UNIT LETTER <u>P</u> <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>330</u> FEET FROM THE <u>East</u> LINE, SECTION <u>16</u> TOWNSHIP <u>14S</u> RANGE <u>33E</u> NMPM.	10. Field and Pool, or Wildcat Saunders Permo Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4209' GL	12. County Lea

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.

Sharp spudded 14-3/4" hole 10 P.M., 3-22-81. TD 10 A.M., 3-23-81. RU & ran 10 joints 11-3/4" 48# H-40 ST&C (396') set at 412', float at 374'. Cement with 400 sacks Class "C" with 2% CaCl₂. Plug down 2:30 P.M., 3-23-81. Circulate cement. WOC 18 hours. Test casing 1000#. Drill plug, float, cement and shoe. Drilling form 11" hole 5 P.M., 3-24-81.

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

SIGNED R. L. Knight TITLE Area Drilling Superintendent DATE 3-26-81

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: