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U.S.G.S.

LAND OFFICE

OPERATOR

NEW MEXICO OIL CONSERVATION COMMISSION

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

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 ☐ GAS WELL ☐ OTHER- **Salt Water Disposal**

2. Name of Operator

Gil-Mc Oil Corporation

3. Address of Operator

c/o Oil Reports & Gas Services, Inc. Box 763, Hobbs, NM

4. Location of Well

UNIT LETTER **P** **660** FEET FROM THE **South** LINE AND **660** FEET FROMTHE **East** LINE, SECTION **14** TOWNSHIP **16S** RANGE **36E** NMPM.

7. Unit Agreement Name

8. Farm or Lease Name

Lovington

9. Well No.

2

10. Field and Pool, or Wildcat

Wildcat

15. Elevation (Show whether DF, RT, GR, etc.)

3861 GR

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 ☐COMMENCE DRILLING OPNS. ☐PLUG AND ABANDONMENT ☒PULL OR ALTER CASING ☐CHANGE PLANS ☐CASING TEST AND CEMENT JOBS ☐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.

Subject well plugged and abandoned as follows:

Loaded hole with mud
Spot cement plug @ 6230
Tag top of plug @ 6150
Spot cement plug @ 4836
Unable to tag top of plug
Spot 2nd cement plug @ 4836
Tag top of plug @ 4700
Spot 100' plug 2880 to 2980
Spot 100' plug 1885 to 1985
Set 10 sack plug @ surface with regulation marker
Job complete 1/15/81

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

SIGNED

Donna Walker

TITLE

Agent

DATE

4/14/81

APPROVED BY

Ronald M. Sutter

TITLE

OIL & GAS INSPECTOR

DATE

CONDITIONS OF APPROVAL, IF ANY: