					7.8			
NO. OF COPIES RECEI	VED	~~~		•	i i	Form C-103		
DISTRIBUTION						Supersedes + C-102 and C		
SANTA FE		NEW MEXICO OIL CONSERVATION COMMISSION				Effective 1-1-65		
FILE								
U.S.G.S.				1 3 113		5a. Indicate Typ		
LAND OFFICE			·			State		ee. X
OPERATOR						5. State Oil & G	ias Lease No	1.
<u> </u>						hamme	m	m
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO BRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.								
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)							ent Name	
OIL	GAS WELL	OTHER-	Dry Hole					
2. Name of Operator						8. Farm or Leas	se Name	
Gulf Oil Corporation							mpson,	et al
3. Address of Operator	% Hobl	os Pipe &	Supply Co.			9. Well No.	-	
4. Location of Well	ox 2010	O, Hobbs,	<u>New Mexico</u>	88240		10. Field and P	L or Wilde	
		2210	Sout	h 22A		Wildcat		di.
UNIT LETTER		ZSIU PEET	FROM THE BOUL	h LINE AND 330	FEET FROM	11111111	mm	m
East		3	15-	S RANGE 37	_F		///////	
тис	LINE, SI	ECTION	TOWNSHIP	RANGE			((((()	
	771111	15.	Elevation (Show wheth	er DF, RT, GR, etc.)		12. County	11111	11111
			382	2 RKB		Lea		
11%		ck Appropriate F INTENTION T		Nature of Notice,	Report or Oth		F:	
·			•		000000000000000000000000000000000000000		•	
PERFORM REMEDIAL W	ORK		PLUG AND ABANDON	REMEDIAL WORK		ALTE	ERING CASING	
TEMPORARILY ABANDON				COMMENCE DRILLING	OPNS.	PLUG	AND ABANDON	MENT X
PULL OR ALTER CASING			CHANGE PLANS	CASING TEST AND CE	MENT JOB			
			Г-	OTHER	·			
OTHER	<u> </u>		L					
		d Operations (Clear	ly state all pertinent o	letails, and give pertine	nt dates, including	estimated date of	starting any	proposed
work) SEE RULE	1103.							
1. S	potted	a 25 sack	cement plu	g at 5800',	stub of 7	•		
2. S	potted	a 50 sack	cement plu	g at 4700',	bottom of	9 5/8".		
3. S	potted	a 75 sack	cement plu	g at 420' -	340', stu	b of 9 5/	'8'' .	
4. S	potted	a 10 sack	cement plu	g at the sur	face with	marker.		
и	റിക യാ	w beheel z	ith mud lad	on fluide				
**	OIC Was	o loaded w	Ith maa laa	en ilulus.				
			•					
		•						
18. I hereby certify th	at the informa	ation above is true	and complete to the be	st of my knowledge and i	celief.			•
14. SA	do hi	neille	٠	Agent		1 <i>.</i>	30_69	
1 271 1.71 11/	1 / MET /7/1/			AVENI				

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CONDITIONS OF APPROVAL, IF ANY:

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