

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

Form C-103
Revised 10-1-78

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

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
OG 5119	

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 "LL" State
3. Address of Operator P. O. Box 670, Hobbs, NM 88240		9. Well No. 1
4. Location of Well UNIT LETTER <u>F</u> , <u>2100</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>17S</u> RANGE <u>32E</u> N.M.P.M.		10. Field and Pool, or Wildcat Maljamar
15. Elevation (Show whether DF, RT, GR, etc.) 3898' GL		12. County Lea

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 JOBS ☒	

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.

Aztec spudded 11" hole 10:00 A.M., 10-14-81; TD 10-14-81. RU & ran 11 joints 8-5/8" 24# K-55 ST&C (441') set at 456'. Cement with 350 sacks Class "C" + 2% CaCl₂. Circulate cement to surface. Plug down 1:30 A.M., 10-15-81. WOC 18 hrs. Test casing 800#. Drill float, cement and shoe. Drilling formation 9:30 P.M., 10-15-81.

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

SIGNED Matthews TITLE Area Drilling Superintendent DATE 11-5-81

APPROVED BY [Signature] TITLE DATE NOV 16 1981

CONDITIONS OF APPROVAL, IF ANY: