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HOBBS OFFICE O.C.C.  
NEW MEXICO OIL CONSERVATION COMMISSION  
JUL 12 3 39 PM '67

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>MM-2056</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>Graham State (NCT-A)</b>
9. Well No. <b>2</b>
10. Field and Pool, or Wildcat <b>Hobbs</b>
12. County <b>Lea</b>

### 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>
2. Name of Operator <b>Gulf Oil Corporation</b>
3. Address of Operator <b>Box 670, Hobbs, N.M. 88240</b>
4. Location of Well UNIT LETTER <b>A</b> , <b>330</b> FEET FROM THE <b>north</b> LINE AND <b>330</b> FEET FROM THE <b>east</b> LINE, SECTION <b>24</b> TOWNSHIP <b>18S</b> RANGE <b>37E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3670' GL</b>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐  
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER **CI Report** ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

**Well still carried as closed in. No plans have been made at this time for further work on this well.**

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

ORIGINAL SIGNED BY **C. D. BORLAND** TITLE **Area Production Manager** DATE **7-12-67**  
SIGNED \_\_\_\_\_  
APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_