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HOBBS OFFICE O. G. C.
NEW MEXICO OIL CONSERVATION COMMISSION

Mar 2 3 31 PM '66

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

5a. Indicate Type of Lease	State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name W. D. Grimes /NCT-A/
3. Address of Operator Box 670, Hobbs, New Mexico	9. Well No. 12
4. Location of Well UNIT LETTER L 1980 South 660 FEET FROM THE LINE AND FEET FROM West 32 18-S 38-E THE LINE, SECTION TOWNSHIP RANGE NMPM.	10. Field and Pool, or Wildcat Bowers
15. Elevation (Show whether DF, RT, GR, etc.) 3645 GL	12. County Lea

16.

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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

Plug and abandon

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER ☐

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.

3234' TD.

Pull rods and tubing. Run CI BP on tubing and set at approximately 3120'. Test 7" casing with 500#. Circulate hole with 125 barrels of mud. Spot 10 sack cement on top of BP. Pull tubing to 50' and spot 10 sack cement plug to surface. Install dry hole marker and clean location.

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

SIGNED _____ TITLE **Area Production Manager** DATE **February 25, 1966**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: