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REPORT		

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 <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Gamedan Oil Corporation
Address of Operator
2207 Wilco Building, Midland, TX 79701
Location of Well

7. Unit Agreement Name
8. Farm or Lease Name Turner "B"
9. Well No. 2
10. Field and Pool, or Wildcat Hobbs

UNIT LETTER **P**, **440** FEET FROM THE **South** LINE AND **1190** FEET FROM
THE **East** LINE, SECTION **34** TOWNSHIP **18-S** RANGE **38-E** NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3632' G. L. Est.

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 <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

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.

Pulled rods and pump. Acidized open hole with 1500 gallons 15% acid. Reran rods and pump and returned well to production. Work completed September 19, 1973.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.
William S. McCuen
SIGNED William S. McCuen TITLE Production Superintendent DATE 10-12-73

PROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: