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LAND OFFICE	
OPERATOR	

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 <small>(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.)</small>		
1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Harold L. Runnels		8. Farm or Lease Name Gulf - Grimes
3. Address of Operator P. O. Box 937, Lovington, New Mexico 88260		9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> , <u>330</u> FEET FROM THE <u>South</u> LINE AND <u>2175</u> FEET FROM THE <u>West</u> LINE, SECTION <u>21</u> TOWNSHIP <u>18 S</u> RANGE <u>38 E</u> NMPM.		10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3642 Gr.		12. County Lea

16. 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"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> OTHER <input type="checkbox"/>	PLUG AND ABANDON <input checked="" type="checkbox"/> CHANGE PLANS <input type="checkbox"/> OTHER <input type="checkbox"/>
	REMEDIAL WORK <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER <input type="checkbox"/>
	ALTERING CASING <input type="checkbox"/> PLUG AND ABANDONMENT <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.

Plugged with 10 sacks of cement at surface and 10 sacks at 70 ft.
Dry hole markers are up. March 1, 1973

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNED <u>Harold L. Runnels</u>	TITLE <u>Operator</u>	DATE <u>May 2, 1973</u>
APPROVED BY _____ TITLE _____ DATE _____		
CONDITIONS OF APPROVAL, IF ANY:		