

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 12-1-70

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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.
LG 4226

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN 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 <u>Gulf Oil Corp.</u>	8. Farm or Lease Name <u>Lea "XA" State</u>
3. Address of Operator <u>P. O. Box 670, Hobbs, NM 88240</u>	9. Well No. <u>1</u>
4. Location of Well UNIT LETTER <u>L</u> <u>108C</u> FEET FROM THE <u>South</u> LINE AND <u>6-6-0</u> FEET FROM THE <u>West</u> LINE, SECTION <u>7</u> TOWNSHIP <u>18S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat <u>Indio-Bon Springs</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>4001' BL</u>	12. County <u>Lincoln</u>

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 ☒	OTHER ☐

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.

TD 11935' 3 1/2" HSE PM 6-1-74. PLUG & ABANDON 5 1/2" JTS 2574' 20" 8-20 STD + 51 JTS
8574' 20" 8-20 STD + 51 JTS. Cmt W/ 1250' 20" 8-20 STD + 200 JTS
11" 2" HSE. Plug & ABANDON 6-1-72. Cmt 75 JTS. Cmt POP 2000' - 4R.
2nd Casing 1300' - 4R.
1st Casing 1300' - 4R.

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

SIGNED Eddie W. Seay TITLE Asst. Dir. & Insp. DATE 6-7-74

APPROVED BY Eddie W. Seay TITLE Oil & Gas Inspector DATE JUN 7 1984
CONDITIONS OF APPROVAL, IF ANY: