

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE NEW MEXICO 87501

Form C-103
Revised 12-1-78

5a. Indicate Type of Lease	
State ☒	Fed ☐
5. State Oil & Gas Lease No.	

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 Gulf Oil Corp.		8. Farm or Lease Name Lea "ACF" State
3. Address of Operator P. O. Box 670, Hobbs, NM 88240		9. Well No. 1
4. Location of Well UNIT LETTER <u>A</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>East</u> LINE, SECTION <u>35</u> TOWNSHIP <u>18S</u> RANGE <u>36E</u> N.M.P.M.		10. Field and Pool, or wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3766' GL		12. County Lea

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 OPS. ☐
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.

TD 11,400' @ 3:00 P.M., 12-16-84. Log. Set cmt plugs as follows: 10,700'-10,800' (40 cu), 9950'-10,050' (40 cu), 8850'-8950' (40 cu), 8300'-8400' (45 cu), 7450'-7550' (45 cu), 6700'-6800' (35 cu). Jag plug @ 6705' RU + ran 162 jts + 1 cut jt 5 1/2" 15.5# LT+C, set @ 6698' (cmt w/ 350 cu GM + 450 cu CL "H"). Plug dr @ 10:45 P.M., 12-22-84. Temp surv, top of cmt @ 2000'.

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

SIGNED JR Nathan TITLE AREA DRLG SUPT DATE 1-8-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY _____ TITLE _____ DATE JAN 10 1985
CONDITIONS OF APPROVAL, IF ANY: