

|                        |  |  |
|------------------------|--|--|
| NO. OF COPIES RECEIVED |  |  |
| DISTRIBUTION           |  |  |
| SANTA FE               |  |  |
| FILE                   |  |  |
| U.S.G.S.               |  |  |
| LAND OFFICE            |  |  |
| OPERATOR               |  |  |

# OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1

## 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.)

5a. Indicate Type of Lease  
State ☒ Fee ☐

5. State Oil & Gas Lease No.  
E-7824

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator  
Gulf Oil Corporation

3. Address of Operator  
P. O. Box 670, Hobbs, NM 88240

4. Location of Well  
UNIT LETTER M 760 FEET FROM THE South LINE AND 660 FEET FROM  
THE West LINE, SECTION 16 TOWNSHIP 19S RANGE 34E NMPM.

7. Unit Agreement Name

8. Form or Lease Name  
Lea "ED" (NCT-A)

9. Well No.  
1

10. Field and Pool, or Wildcat  
Quail Ridge Bone Springs

11. Elevation (Show whether DF, RT, GR, etc.)

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

OTHER Change to conventional pnt eqpt XX

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.

POH with tubing, pump cavity and packer. GIH with 2-3/8" tubing, perf sub, SN, crossover; SN at 10,112'. Run pump and rods. Move pump jack from Lea "ED" State (NCT-A) #4 to above well. Before change, 16 BO, 3 BW; after change, 86 BO, 33 BW. Work performed 5-26-81.

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

SIGNED RDP ite TITLE Area Engineer DATE 6-1-81

APPROVED BY Forry Sutton TITLE Area Engineer DATE 6-1-81

CONDITIONS OF APPROVAL, IF ANY: