

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No. 63373	

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation	8. Farm or Lease Name Lea "ED" State (NCT-A)
3. Address of Operator P. O. Box 670, Hobbs, NM 88240	9. Well No. 4
4. Location of well: UNIT LETTER <u>K</u> <u>2230</u> FEET FROM THE <u>South</u> LINE AND <u>2200</u> FEET FROM THE <u>West</u> LINE, SECTION <u>16</u> TOWNSHIP <u>19S</u> RANGE <u>34E</u> NMPM.	10. Field and Pool, or Wildcat Quail Ridge-Bone Springs
15. Elevation (Show whether DF, RT, GR, etc.) 3774' GL	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 ☐	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.

Ran 35 joints 5½" 17# K-55 LT&C (1402'), 192 joints 5½" 15.5# K-55 LT&C (7580'), 30 joints & 1 cut joint 5½" 17# K-55 LT&C (1192') (10,175') set at 10,195' with float collar at 10,155'. Cement with 500 sacks Class "H" .5% CFR₂ .5% Halad 9. Plug down 2:30 A.M., 8-25-80. WOC 18 hours. TSTOC 7750'. Test casing 2000#, ok.

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

SIGNED R. L. Vargis TITLE Area Drilling Supt. DATE 9-3-80

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: