

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

Form C-103
Revised 10-1-78

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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-1630

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

6. Unit Agreement Date

7. Name of Operator
Gulf Oil Corporation

8. Farm or Lease Name
~~Lea~~ State "TZ"

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

9. Well No.
1

10. Location of Well
UNIT LETTER C 660 FEET FROM THE North LINE AND 1980 FEET FROM
THE West LINE, SECTION 16 TOWNSHIP 19S RANGE 35E NMPM.
10. Field and Pool, or Wildcat
Scharb Bone Springs

11. Elevation (Show whether DF, RT, GR, etc.)
3812' 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 <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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Change APD</u> <input checked="" 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.

Intermediate casing will be as follows:

12 1/4" hole 9-5/8" casing 36# set at 4200' 1000 sx cement tieback to 13-3/8" csg

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

SIGNED Jerry Sexton TITLE Area Engineer DATE 3-8-83

APPROVED BY Jerry Sexton DISTRICT I SUPERVISOR TITLE _____ DATE MAR 10 1983

CONDITIONS OF APPROVAL, IF ANY: