

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-7

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ For ☐

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 OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT - L" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	7. Unit Agreement Name
2. Name of Operator <i>Gulf Oil Corporation</i>	8. Farm or Lease Name <i>Lea "TZ" State</i>
3. Address of Operator <i>P.O. Box 670, Hobbs, NM 88240</i>	9. Well No. <i>2</i>
4. Location of Well UNIT LETTER <i>B</i> <i>460</i> FEET FROM THE <i>North</i> LINE AND <i>1980</i> FEET FROM THE <i>East</i> LINE, SECTION <i>16</i> TOWNSHIP <i>19S</i> RANGE <i>35E</i> NMPM.	10. Field and Pool, or Wildcat <i>Scharb Bone Spring</i>
15. Elevation (Show whether DF, RT, GR, etc.) <i>3803' GL</i>	12. County <i>Lea</i>

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 OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	

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.

*Gulf spudded 17 1/2" hole @ 3A, 7-22-83. TD 470' @ 10:30A, 7-23-83.
 RU has 10 jts + 1 cut jt 133 1/8" 48# H-40 K-55 ST+C, set @ 470' Cmt
 w/ 450 #4 C.C. w/ C.C. g. Plug dn 1:30P, 7-24-83. Circ 50 #4 Cmt to
 surf. Drilg 12 1/4" hole 7:30P, 7-24-83.*

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

SIGNED

TITLE *AREA DRILLING SUPT.*DATE *7-27-83*ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT 1 SUPERVISOR

APPROVED BY

TITLE

DATE

JUL 28 1983

CONDITIONS OF APPROVAL, IF ANY: