

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-70

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease
State ☒ For ☐
5. State Oil & Gas Lease No.
LR-1430

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 <u>Gulf Oil Corp.</u>	8. Farm or Lease Name <u>La "TZ" State</u>
3. Address of Operator <u>P. O. Box 670, Hobbs, NM 88240</u>	9. Well No. <u>4</u>
4. Location of Well UNIT LETTER <u>F</u> <u>1780</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>N15E</u> LINE, SECTION <u>16</u> TOWNSHIP <u>19S</u> RANGE <u>35E</u> NMPM.	10. Field and Pool, or Wildcat <u>La "TZ" State</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3796' GL</u>	12. County <u>La</u>

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☒
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 4352' @ 11:30 A.M. 2-18-84. P11 x 140' 42' to 8 7/8" 22# S-80 ST+C,
57' to 5 7/8" 24# S-55 ST+C + 1' to 8 5/8" 22# S-80 ST+C (4169')
set to 4189'. Out of 1500 cu ft of 6" GM + 250 cu ft of "C" mud. Plug
dn 2-18-84. Give 150 cu ft of mud. Set casg 1500' - 14". Drlg
7 7/8" P11 @ 11:45 A.M. 2-19-84.

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 DRILL Supt DATE 3-8-84

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____

TITLE _____

DATE MAR 14 1984

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
MAR 13 1984
O.C.D. - HON. CLERK
HCRAS OFFICE