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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- Water Injection Well		7. Unit Agreement Name Northwest Eumont Unit
2. Name of Operator Gulf Oil Corporation		8. Farm or Lease Name
3. Address of Operator Box 670, Hobbs, New Mexico 88240		9. Well No. 151
4. Location of Well UNIT LETTER C , 660 FEET FROM THE North LINE AND 1980 FEET FROM THE West LINE, SECTION 34 TOWNSHIP 19-S RANGE 36-E N.M.P.M.		10. Field and Pool, or Wildcat Eumont
15. Elevation (Show whether DF, RT, GR, etc.) 3666' GL		12. County Lea

16. 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 ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

Loaded casing

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.

4000' TD.

Loaded tubing - casing annulus with treated water, as required by R-2659-A, on October 8, 1971.

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

ORIGINAL SIGNED BY

SIGNED **C. F. KALTEYER**

TITLE **Area Engineer**

DATE **October 12, 1971**

APPROVED BY

John W. Runyan

TITLE

Geologist

DATE

OCT 13 1971

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

OCT 12 1971

OIL CONSERVATION COMM.
HOBBS, N. M.