NO. OF COPIES RECEIVED			Form C-103
DISTRIBUTION			Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONS	SERVATION COMMISSION	Effective 1-1-65
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee XX
OPERATOR			5. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR F USE **APPLIC	DRY NOTICES AND REPORTS ON PROPOSALS TO DRILL OR TO DEEPEN OR PLUG E ATION FOR PERMIT -" (FORM C-101) FOR SUC	WELLS BACK TO A DIFFERENT RESERVOIR. IN PROPOSALS.)	
1.			7. Unit Agreement Name
OIL GAS WELL WELL	OTHER- Gas - Oil Dual		
2. Name of Operator	8. Farm or Lease Name		
Gulf Oil Corporation			C. H. Kyte
3. Address of Operator			9, Well No.
Box 670, Hobbs, New Mexico 88240			1
4. Location of Well			10. Field and Pool, or Wildcat
UNIT LETTERP,	660 FEET FROM THE South	LINE AND 660 FEET FF	Eunice-Monument - Eumor
THE <u>East</u> line, sec	TION7 TOWNSHIP19-S	RANGE 37-E NM	PM. ())))))))))))))))))))))))))))))))))))
Δ11111111111111111	15. Elevation (Show whether		12. County
$\overline{\mathbf{v}}$		00' GL	Lea AIIIIIII
Check	Appropriate Box To Indicate N	lature of Notice, Report or (	Other Data
NOTICE OF	INTENTION TO:	SUBSEQUE	NT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	<b>ل</b> ــــا
OTHER Repair communic	cation	OTHER	
17. Describe Proposed or Completed	Operations (Clearly state all pertinent dete	ails and give pertinent dates include	ing actimated data of stanting and

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.

## 3980' PB.

A recent test indicated communications. Will take whatever steps are necessary to repair.

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

SIGNED R. J. Bueazeale	TITLE Area Engineer	DATE February 13, 1973
Orig. Signed Dy Les Clements		
APPROVED BYOH & Gas Insp.	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		