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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 checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
B-246-1	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO RE-DRILL OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (C-101) FOR SUCH PROPOSALS.)

1. ☒ OIL WELL ☐ GAS WELL ☐ OTHER-

2. Name of Operator
Gulf Oil Corporation

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

4. Location of Well
UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM
THE East LINE, SECTION 20 TOWNSHIP 19-S RANGE 37-E N.M.P.M.

7. Unit Agreement Name

8. Farm or Lease Name
F. W. Kutter (NCT-A)

9. Well No.
1

10. Field and Pool, or Valued
Eunice Monument

15. Elevation (Show whether DF, RT, GR, etc.)
3675' DF

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"/>
FULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	
		OTHER <u>Repaired 5 1/2" casing leak</u> <input 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.

3931' PB.

Pulled producing equipment. Ran a RBP and RTTS packer, located leak in 5 1/2" casing at 1340'. Squeezed with 200 sacks Class C cement with 10# salt per sack. Squeeze pressures 950# - 1000#. WOC 18 hours. Tested casing to 400# for 30 min - OK. Re-ran producing equipment and returned well to production.

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

SIGNED Eugene Stone TITLE Area Engineer DATE 11-4-77

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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NOV 1967

11-1-67
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