| NO. OF COPIES RECEIVED | | 7 | | | | | Form C-103 | |
|---|------------------------------------|---------------|---|-------------|---|--|---------------------------|--------------------------|
| DISTRIBUTION | - | - | | | | | Supersedes C+102 and (| |
| SANTA FE | | NE. | W MEXICO OIL | CONSE | RYATION COMMISSIO | N | Effective 1 | |
| FILE | | 1 | | | | | | |
| U.S.G.S. | | 1 | | | - i | | 5a. Indicate Ty | rpe of Lease Fee |
| LAND OFFICE | | | | | | | State | |
| OPERATOR | | | | | | | 5. State Oil & | Gas Lease No. |
| | | | | | | | ceres error | mmm |
| (DO NOT USE THIS | SUND FORM FOR P USE "APPLICA | RY NOTICES | AND REPORT L OR TO DEEPEN OF L'' (FORM C-101) | FOR SUCH | NELLS CK TO A DIFFERENT RESER PROPOSALS.) | VOIR. | 7. Unit Agreen | nent Name |
| WELL | NELL . | OTHER- | | | | | 8. Farm or Lea | ise Name |
| . Name of Operator Gulf Oil Compos | es èt on | | | | | | B. V. Cu | ip (NCT-A) |
| 3. Address of Operator | # #2011 | | | | | | 9. Well No. | |
| Box 670, Hobbs | New Me | xico 88240 | | | | | 4 | |
| 1. Location of Well | | | | | | | • | Pool, or Wilderst |
| P | | 330 FEE | T FROM THE SOI | u th | LINE AND | FEET FROM | Mommen | t Blinebry |
| UNIT LETTER | | | | | | - | | |
| THE Last | LINE, SEC | TION | TOWNSHIP | 19-8 | RANGE | NMPM. | | |
| | • | | | | DF, RT, GR, etc.) | | 12. County | |
| | | 11/1/1/12. | | | | | Les | |
| | | | | 5621 | | 0.1 | | |
| 16. | Chec | k Appropriate | Box To Indi | cate N | ature of Notice, R | eport or Ut | her Data | ·=: |
| NO | | INTENTION | | 1 | SI | UBSEQUEN' | T REPORT C |)F: |
| | | | | | | | | |
| PERFORM REMEDIAL WOR | к 🗌 | | PLUG AND ABAND | он [] | REMEDIAL WORK | | | TERING CASING |
| TEMPORARILY ABANDON | | | | | COMMENCE DRILLING OP | | PL | UG AND ABANDONMENT |
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| , | | | | | OTHER | | | |
| OTHER | | | | | | | | |
| | | | | | ails, and give pertinent o | lates including | estimated date | of starting any proposes |
| | 1 28% H | | | | g perforations arrels of water s on vacuum. | | um wessu | |
| 18. I hereby certify the | RIGINAL SIG | gned by | | | of my knowledge and be | | | eptember 9, 19 |
| APPROVED BY | PROVAL, IF | Jany: | er . | ITLE | SUPPLYSTED FOR | 19 19 19 19 19 19 19 19 19 19 19 19 19 1 | PATS | P 1 1 1969 |
| | • | 2 | | | | | | |