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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-101  
Supersedes Old  
C-102 and C-103  
Effective 1-1-65

5a. Indicate Type of Lease  
State ☐ Fee ☒ **IX**

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. ☐ OIL WELL ☐ GAS WELL ☐ OTHER- **Gas-Oil Dual (Oil CDU #125)**

2. Name of Operator  
**Gulf Oil Corporation**

3. Address of Operator  
**Box 670, Hobbs, N.M 88240**

4. Location of Well  
UNIT LETTER 0 554 FEET FROM THE south LINE AND 2086 FEET FROM  
THE east LINE, SECTION 28 TOWNSHIP 21S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)  
**3451' GL**

7. Unit Agreement Name

8. Farm or Lease Name  
**J. N. Carson (NCT-A)**

9. Well No.  
**4**

10. Field and Pool, or Widened  
**Blinebry Gas**

12. County  
**Lea**

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Returned to production</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.

**6615' TD. Set separator and returned well to production 10-24-74.**

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

SIGNED *B. J. Arberry* TITLE Area Engineer DATE 10-24-74

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: