| COPIES RECEIVED | | Form C-103 |
|--|--|---|
| ISTRIBUTION | | Supersedes Old C-102 and C-103 |
| TAFE | NEW MEXICO OIL CONSERVATION COMMISSION. €, €, | Effective 1-1-65 |
| LE | 0 17 (0) 611 101 | 5a. Indicate Type of Lease |
| JG.S. | fee 17 13 20 PM '67 | State Fee. |
| PERATOR | | 5. State Oil & Gas Lease No. |
| | | |
| SUNDR | RY NOTICES AND REPORTS ON WELLS | |
| | RY NOTICES AND REPORTS ON WELLS DPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. TION FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.) | |
| 1. OIL GAS GAS | | 7. Unit Agreement Name |
| WELL WELL | OTHER- | 8. Farm o: Lease Name |
| 2. Name of Operator | | Bunice King |
| Gulf Oil Corporation 3. Address of Operator | | 9. Well No. |
| Box 670, Hebbs, New M | bri an | 12 |
| 4. Location of Well | 201100 | 10. Field and Pool, or Wildcat |
| UNIT LETTER | 60 FEET FROM THE North LINE AND 660 FEET | Paddock |
| 0000 | | |
| THELINE, SECTION | ON 28 TOWNSHIP 21-S RANGE 37-E N | MPM. (()) |
| | | |
| | 15. Elevation (Show whether DF, RT, GR, etc.) | 12. County |
| | 3441 GL | Lea |
| Check | Appropriate Box To Indicate Nature of Notice, Report or | |
| NOTICE OF IN | NTENTION TO: SUBSEQU | ENT 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 | FEOR AND ABANDONMEN! |
| | | |
| OTHER | | |
| | CI Report | |
| 17. Describe Proposed or Completed Opwork) SEE RULE 1103. | perations (Clearly state all pertinent details, and give pertinent dates, incident | uding estimated date of starting any proposed |
| | | |
| | 9 14 37 3 . 1 . 1 | A |
| | s closed in. No plans have been made at this | time for further work |
| on this well. | | |
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| | p. | |
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| | | |
| 18. I hereby certify that the information | above is true and complete to the best of my knowledge and belief. | |
| | | |
| SIGNED | TITLE Area Production Manager | DATE February 16, 1967 |
| | | |
| | | |
| and the second s | | |
| APPROVED BY | TITLE | DATE |