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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION OFFICE O. C. O.

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

APR 25 3 11 PM '66

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name Central Drinkard Unit
8. Farm or Lease Name
9. Well No. 106
10. Field and Pool, or Wildcat Drinkard
12. County Lea

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER. (Dual - Sunray DX, V. Linam No. 2 PS)
2. Name of Operator Gulf Oil Corporation
3. Address of Operator Box 670, Hobbs, New Mexico
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM East 29 TOWNSHIP 21-S RANGE 37-E NMPM. THE LINE, SECTION TOWNSHIP RANGE NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3475' GL

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"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>
Repair communication			

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.

6670' TD.

A recent test indicated communication. 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 _____	TITLE Area Production Manager	DATE April 25, 1966
APPROVED BY _____	TITLE _____	DATE _____

CONDITIONS OF APPROVAL, IF ANY: