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NEW MEXICO OIL CONSERVATION COMMISSION  
APR 11 3 29 PM '67

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator <b>Gulf Oil Corporation</b> 3. Address of Operator <b>Box 670, Hobbs, New Mexico</b> 4. Location of Well UNIT LETTER <b>H</b> , <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>31</b> TOWNSHIP <b>21-S</b> RANGE <b>37-E</b> NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) <b>3487' DF</b>	7. Unit Agreement Name 8. Farm or Lease Name <b>H. T. Mattern (NCT-B)</b> 9. Well No. <b>2</b> 10. Field and Pool, or Wildcat <b>Penrose Skelly</b> 12. County <b>Lea</b>
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### Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

#### NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

#### SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

**CI Report**

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 1703.

**Well still carried as closed in. No plans have been made at this time for further work on this well.**

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

ORIGINAL SIGNED BY

SIGNED **C. D. BOFLAND**

TITLE **Area Production Manager**

DATE **April 14, 1967**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: