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NEW MEXICO OIL CONSERVATION COMMISSION

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation		8. Farm or Lease Name W. T. McComack
3. Address of Operator Box 670, Hobbs, New Mexico 88240		9. Well No. 2
4. Location of Well UNIT LETTER B 330 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 32 TOWNSHIP 21-S RANGE 37-E NMPM.		10. Field and Pool, or Wildcat Penrose Skelly
15. Elevation (Show whether DF, RT, GR, etc.) 3463' DF		12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐
OTHER ☐
ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

Returned well to production

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.

Subject well has been carried as closed in, uneconomical to produce. Ran GOR test and returned well to production, producing gas only.

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

SIGNED <u>C. D. BORLAND</u>	TITLE <u>Area Production Manager</u>	DATE <u>December 9, 1970</u>
APPROVED BY <u>[Signature]</u>	TITLE <u>SUPERVISOR IN CHARGE</u>	DATE <u>12/11/70</u>
CONDITIONS OF APPROVAL, IF ANY:		

RECEIVED

JUN 11 1970

OIL CONSERVATION COMM.
HOERS. R. I.