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LAND OFFICE	
OPERATOR	

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-101
Revised 10-1-

5a. Indicate Type of Lease
State ☐ Fee ☒
5. Since Oil & Gas Lease I.O.

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPERATE OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE APPLICATION FOR PERMIT - FORM C-101 FOR SUCH PROPOSALS.

1. ☒ OIL WELL ☒ GAS WELL ☐ OTHER: Dual

2. Name of Operator
Gulf Oil Corp.

3. Address of Operator
P. O. Box 670, Hobbs, NM 88240

4. Location of Well
UNIT LETTER P 554 FEET FROM THE South LINE AND 554 FEET FROM
THE East LINE, SECTION 32 TOWNSHIP 21S RANGE 37E N.M.P.M.

7. Unit Agreement Name
McComack #9

8. Name of Lease I.O.
McComack #9

9. Well I.O.
McComack #9

10. Land and front of well
McComack #9

11. Elevation (Show whether DF, KT, GR, etc.)
3468' GL

12. County
Lea

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

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.

Flow up prod. apt. Perf. @ 3002' w/ 2 1/2" JH. Set cmt ret @ 2725'
Pump 250 gal @ 110' neat, lg 1200#. Del cmt & ret. 1st cs. g.
1000#. Circ hole. Acc 6430' w/ 20,000 gals gel. AP 3200# @ 16 1/2" H.
Swab G/H w/ chis to 6411'. G/H w/ pump & rods. COU #153 f.p.d.
1 BC, G/G w/ 24 hrs. McComack #9 flowed 38 MCF gas, G/G
18 W in 24 hrs. Work performed 4-10-85 thru 5-12-85.

ILLEGIBLE

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

SIGNED R. D. Pite TITLE AREA ENGINEER DATE 5-23-85

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE MAY 28 1985

CONDITIONS OF APPROVAL, IF ANY: