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NEW MEXICO OIL CONSERVATION COMMISSION

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

1969

| |
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| 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/> | 7. Unit Agreement Name Central Drinkard Unit |
| 2. Name of Operator Gulf Oil Corporation | 8. Farm or Lease Name |
| 3. Address of Operator Box 670, Hobbs, New Mexico 88240 | 9. Well No. 147 |
| 4. Location of Well UNIT LETTER K , IX 1980 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 21-S RANGE 37-E N.M.P.M. | 10. Field and Pool, or Wildcat Drinkard |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3545' 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 <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"/> |

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.

Installed risers and valves above ground level on each casing string. Inspected by John Ryan. Will fill cellar.

| | | | |
|--|--|---|--------------------------------|
| 18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. | | | |
| SIGNED | ORIGINAL SIGNED BY C. D. BORLAND | TITLE Area Production Manager | DATE August 22, 1969 |
| APPROVED BY | TITLE RVISOR DISTRICT | | DATE |
| CONDITIONS OF APPROVAL, IF ANY: | | | |