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NEW MEXICO OIL CONSERVATION COMMISSION

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

Jul 19 4 01 PM '65

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
**B-229-1**

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 checked="" type="checkbox"/> OTHER- 2. Name of Operator <b>Gulf Oil Corporation</b>	7. Unit Agreement Name
3. Address of Operator <b>P. O. Box 670, Hobbs, New Mexico</b>	8. Farm or Lease Name <b>J. F. Janda (NOT-F)</b>
4. Location of Well UNIT LETTER <b>P</b> <b>660</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>East</b> LINE, SECTION <b>4</b> TOWNSHIP <b>22S</b> RANGE <b>26</b> NMPM.	9. Well No. <b>13</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3590'</b>	10. Field and Pool, or Wildcat <b>Jaland -So, Burles</b>
	12. County <b>Lea</b>

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 <b>To repair communications</b> <input checked="" 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.

**FB 3875'. Take whatever steps necessary to repair communications.**

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

**C. D. BORLAND**

SIGNED \_\_\_\_\_ TITLE **Area Production Manager** DATE **7-16-65**

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

03 11 15 4 01 01