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NEW MEXICO OIL CONSERVATION COMMISSION

NEW MEXICO O. & G. C. C.  
 Dec 27 3 44 PM '65

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

5a. Indicate Type of Lease  
 State  Fee

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.

<p>1. <input checked="" type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    OTHER- _____</p> <p>2. Name of Operator  <b>Gal. Oil Corporation</b></p> <p>3. Address of Operator  <b>Box 670, Hobbs, New Mexico</b></p> <p>4. Location of Well      UNIT CENTER <b>B</b> <b>660</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>12</b> TOWNSHIP <b>22-S</b> RANGE <b>36-E</b> NMFM.</p>	<p>7. Unit Agreement Name</p> <p>8. Firm or Lease Name  <b>H. T. Mattern (NCT-E)</b></p> <p>9. Well No.  <b>11</b></p> <p>10. Field and Pool, or Willcat  <b>Arrowhead</b></p> <p>11. County  <b>Lea</b></p>
<p>15. Elevation (Show whether DF, RT, CR, etc.)  <b>3471 GL</b></p>	

Check Appropriate Box To Indicate Nature of Notice Report or Other Data

<p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER _____ <input type="checkbox"/></p>	<p><b>SUBSEQUENT REPORT OF:</b></p> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER _____ <input type="checkbox"/></p> <p style="text-align: center;"><b>CI Report</b></p>
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16. 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.

**Well uneconomical to produce. To be carried as closed in.**

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

SIGNED \_\_\_\_\_ TITLE **Area Production Manager** DATE **December 29, 1965**

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

CONDITIONS OF APPROVAL, IF ANY: