

## CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103  
Revised 10-1-78

|                        |  |
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| SANTA FE               |  |
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| LAND OFFICE            |  |
| OPERATOR               |  |

5a. Indicate Type of Lease  
State ☐ For ☒

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 ☒ GAS WELL ☐ OTHER

2. Name of Operator  
**Gulf Oil Corporation**

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

4. Location of well  
UNIT LETTER **G** **2500** FEET FROM THE **North** LINE AND **1540** FEET FROM  
THE **East** LINE, SECTION **32** TOWNSHIP **21S** RANGE **37E** NMPM.

7. Unit Agreement Name  
**Central Drinkard Unit**

8. Farm or Lease Name

9. Well No.  
**429**

10. Field and Pool, or Whistet  
**Drinkard**

15. Elevation (Show whether DF, RT, GR, etc.)  
**3460' GL**

12. County  
**Lea**

16. 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 ☐  
☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOBS ☐  
OTHER **Install Ppg Eqpt** ☒

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

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.

POH with production equipment. WIH with MA, perf tbg sub, CTSN & 2-3/8" tubing;  
WIH with pump and rods, clamp rods off. Connect wellhead to flowline. Pumped 4 BO,  
26 BW with 50 MCF gas in 24 hours; before ppg eqpt, well dead.

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 2-16-81

APPROVED BY *[Signature]* TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: