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# NEW MEXICO OIL CONSERVATION COMMISSION C.

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

FEB 17 3 20 PM '67

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. <b>B-229</b>
7. Unit Agreement Name
8. Farm or Lease Name <b>Arnett-Ramsay</b>
9. Well No. <b>3</b>
10. Field and Pool, or Wildcat <b>Enice</b>
12. County <b>Lea</b>

**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"/>
2. Name of Operator <b>Gulf Oil Corporation</b>
3. Address of Operator <b>Box 670, Hobbs, New Mexico</b>
4. Location of Well UNIT LETTER <b>L</b> , <b>1980</b> FEET FROM THE <b>South</b> LINE AND <b>660</b> FEET FROM THE <b>West</b> LINE, SECTION <b>21</b> TOWNSHIP <b>21-S</b> RANGE <b>36-E</b> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) <b>3587' GL</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 <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.

**Well still carried as closed in. No plans have been made at this time for further work on this well.**

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

SIGNED <u>Area Production Manager</u>	TITLE <u>Area Production Manager</u>	DATE <u>February 16, 1967</u>
APPROVED BY _____	TITLE _____	DATE _____

CONDITIONS OF APPROVAL, IF ANY: