| 10. OF COPIES RECEIVED  |  |                     |                             |              | Form C-103                          |                      |  |
|---|--|---------------------|-----------------------------|--------------|-------------------------------------|----------------------|--|
| DISTRIBUTION  |  |                     |                             |              | Supersedes Old                      |                      |  |
| SANTAFE   | NEW MEXICO OIL CONSERVATION COMMISSION |                     |                             |              | C-102 and C-103<br>Effective 1-1-65 |                      |  |
| FILE  |  |                     |                             | . ,          | Effective 1-1                       | -03                  |  |
| U.S.G.S.  |  |                     |                             |              | 5a. Indicate Type                   | e of Lease           |  |
| LAND OFFICE   |  |                     |                             |              | State XX                            | Fee                  |  |
| OPERATOR  |  |                     |                             |              | 5. State Oil & Go                   |                      |  |
| · · · · · · · · · · · · · · · · · · ·   | <del></del>                            |                     |                             |              |                                     | is Lease No.         |  |
| 5112  | IDDY NOTICES AND                       | 25225               |                             |              | B-1732                              | mmmm                 |  |
| SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO OBILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.) |  |                     |                             |              |                                     |                      |  |
| l''   |  |                     |                             |              | 7. Unit Agreemer                    | nt Name              |  |
| WELL X WELL   | OTHER-                                 |                     |                             |              |                                     |                      |  |
| 2. Name of Operator   |  |                     |                             |              | 8. Farm or Lease                    | e Name               |  |
| Gulf Oil Corporation  |  |                     |                             |              | Harry Leonard (NCT-A)               |                      |  |
| 3, Address of Operator  | ······································ |                     | ···-                        | <del></del>  | 9, Well No.                         | naid (NCI-A)         |  |
| Box 670, Hobbs, New M   | Mexico 88240                           |                     |                             |              | 5                                   |                      |  |
| 4. Location of Well   |  |                     |                             |              | 10. Field and Po                    | ol or Wildow         |  |
| Α   | 660                                    | North               | 660                         |              | To. Fred did Fo                     |                      |  |
| UNIT LETTER A   | FEET FROM T                            | THE MOLEII          | LINE AND OOU                | FEET FROM    | Eunice-Mor                          | nument               |  |
| Ract  | 2.2                                    | 23.0                | 0.6                         |              |                                     |                      |  |
| THELINE, SE   | ECTION TOW                             | NNSHIP ZI-S         | RANGE 36-E                  | NMPM.        |                                     |                      |  |
| mmmmm   |  |                     |                             | <u></u> -    | $\Delta IIIIIIII$                   |                      |  |
|   | 15. Elevatio                           | on (Show whether C  |                             |              | 12. County                          |                      |  |
|   |  | 3582                | GL                          |              | Lea                                 |                      |  |
| 16. Chec  | ck Appropriate Box T                   | Co Indicase Va      | vues of Notice Des          |              |                                     |                      |  |
| NOTICE OF   | F INTENTION TO:                        | o marcare           |                             |              |                                     |                      |  |
| 1101102 01  | INTENTION TO:                          | ;                   | SUE                         | BSEQUENT     | REPORT OF:                          |                      |  |
|   |  | ,                   |                             | <del></del>  |                                     | _                    |  |
| PERFORM REMEDIAL WORK   | PLUG A                                 | NO ABANDON          | REMEDIAL WORK               |              | ALTER                               | ING CASING           |  |
| TEMPORARILY ABANDON   |  |                     | COMMENCE DRILLING OPNS.     |              | PLUG A                              | ND ABANDONMENT       |  |
| PULL OR ALTER CASING  | CHANGE                                 | PLANS               | CASING TEST AND CEMENT .    | JQB [        |                                     | <u></u>              |  |
|   |  |                     | OTHER                       |              |                                     |                      |  |
| OTHER   |  |                     |                             |              |                                     |                      |  |
| 18.0  |  |                     | Acidized                    |              |                                     |                      |  |
| 17. Describe Proposed or Completed work) SEE RULE 1103.   | d Operations (Clearly state            | all pertinent devai | ls, and give pertinent date | s, including | estimated date of .                 | starting any propose |  |
|   |  |                     |                             |              |                                     |                      |  |
| 3874' TD.   |  |                     |                             |              |                                     |                      |  |
| •   |  |                     |                             |              |                                     |                      |  |
| Pumped 500 gallo  | ns of 15% NE aci                       | d down tubi         | no over open ho             | le inter     | erro 1 20051 (                      | 207/1                |  |
| Flushed with 12 barre   | is of oil. Maxi                        | mum praccur         | ong Over open no            | re micei     | .vai 3003 (                         | .0 38/4".            |  |
|   | LO OI OII. HAXI                        | mum pressur         | e ow. Returned              | Mell Co      | ) production                        | 1.                   |  |
|   |  |                     |                             |              |                                     |                      |  |
|   |  |                     |                             |              |                                     |                      |  |
|   |  |                     |                             |              |                                     |                      |  |
|   |  |                     |                             |              |                                     |                      |  |
|   |  |                     |                             |              |                                     |                      |  |
|   |  |                     |                             |              |                                     |                      |  |
|   |  |                     |                             |              |                                     |                      |  |
|   |  |                     |                             |              |                                     |                      |  |
|   |  |                     |                             |              |                                     |                      |  |
|   |  |                     |                             |              |                                     |                      |  |
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|   |  |                     |                             |              |                                     |                      |  |
|   |  |                     |                             |              |                                     |                      |  |
|   |  |                     |                             |              |                                     |                      |  |
|   |  |                     |                             |              |                                     |                      |  |
| 18. I hereby certify that the informat  | ion above is true and compl            | lete to the best of | my knowledge and belief.    |              |                                     |                      |  |
| 2 A   |  |                     |                             |              |                                     |                      |  |
| 10 / Tall   | Tues                                   | ۸ 🕶                 | ea Engineer                 |              | 3.                                  |                      |  |
| SIGNED OU NAME  | yar                                    |                     | ea rustueet                 |              | DATEMa                              | rch 9, 1972          |  |
|   | Orig. Signed by                        |                     |                             |              | 14                                  | AE 4 9 127           |  |
|   | Joe D. Ramey                           |                     |                             |              |                                     | HL CO                |  |
| APPROVED BY   | Pid I Susv.                            | TITLE               |                             |              | DATE                                |                      |  |
| <b></b>   |  |                     |                             |              | _ <del></del>                       |                      |  |

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HOBBS, N. M.