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NEW MEXICO OIL CONSERVATION COMMISSION
 MAY 7 1 40 PM '69

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

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. B-1732
7. Unit Agreement Name
8. Farm or Lease Name W. A. Ramsey (NCT-A)
9. Well No. 24
10. Field and Pool, or Wildcat Emont
12. County Lea

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 type="checkbox"/> OTHER- Water Injection Well
2. Name of Operator Gulf Oil Corporation
3. Address of Operator Box 670, Hobbs, New Mexico 88240
4. Location of Well UNIT LETTER H , 1920 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 34 TOWNSHIP 21-S RANGE 36-E NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) 3571' GL

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	OTHER <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	
OTHER <input type="checkbox"/>	

CI Report and discontinue water injection

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.

Closed well in, uneconomical to continue water injection service on Gulf's Emont and South Eunice Pools (Queen Waterflood) Order No. B-1820.

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

ORIGINAL SIGNED BY
 C. D. BORLAND

SIGNED _____

TITLE **Area Production Manager**

DATE **May 6, 1969**

APPROVED BY _____

TITLE **SUPERVISOR DISTRICT**

DATE _____

CONDITIONS OF APPROVAL, IF ANY: