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LAND OFFICE		
OPERATOR		

NEW MEXICO OIL CONSERVATION COMMISSION

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 Harry Leonard (NCT-F)	
9. Well No. 13	
10. Field and Pool, or Wildcat North Paddock	
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 ☒ GAS WELL ☐ OTHER ☐

2. Name of Operator
Gulf Oil Corporation

3. Address of Operator
P.O. Box 670 Hobbs, N.M. 88240

4. Location of Well
UNIT LETTER B 990 FEET FROM THE north LINE AND 2310 FEET FROM
THE east LINE, SECTION 2 TOWNSHIP 21S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3511' 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"/>	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 JOBS <input type="checkbox"/>	OTHER <u>Well Status Report</u> <input checked="" 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.

Request one year extension. Will plug and abandon in 1976.

Expires 7/29/76

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

SIGNED D.F. Berlin TITLE Area Engineer DATE 9/24/75

APPROVED BY John Puryan TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: