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LAND OFFICE	
OPERATOR	

HOBBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION  
JUL 21 3 51 PM '67

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

**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  
Box 670, Hobbs, New Mexico

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

15. Elevation (Show whether DF, RT, GR, etc.)  
3511' GL

7. Unit Agreement Name

8. Farm or Lease Name  
Harry Leonard (NCT-F)

9. Well No.  
13

10. Field and Pool, or Wildcat  
Paddock, North

12. County  
Lea

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"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
	<b>t/A Report</b>

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 temporarily abandoned. 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.

ORIGINAL SIGNED BY A. D. BORLAND TITLE Area Production Manager DATE July 21, 1967

SIGNED [Signature] TITLE  DATE

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY: