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NEW MEXICO OIL CONSERVATION COMMISSION

**JUL 16 8 11 AM '65**

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.	

**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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER-		7. Unit Agreement Name	
2. Name of Operator <b>Gulf Oil Corporation</b>		8. Farm or Lease Name <b>Bubank</b>	
3. Address of Operator <b>Box 670, Hobbs, N.M.</b>		9. Well No. <b>3</b>	
4. Location of Well UNIT LETTER <b>G</b> <b>1980</b> FEET FROM THE <b>north</b> LINE AND <b>2080</b> FEET FROM THE <b>East</b> LINE, SECTION <b>22</b> TOWNSHIP <b>21S</b> RANGE <b>37E</b> N.M.P.M.		10. Field and Pool, or Wildcat <b>Blinebry</b>	
15. Elevation (Show whether DF, RT, GR, etc.) <b>3417' GL</b>		12. County <b>Lea</b>	

16.

**Check Appropriate Box To Indicate Nature of Notice, Report or Other Data**

**NOTICE OF INTENTION TO:**

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

**SUBSEQUENT REPORT OF:**

REMEDIAL WORK ☐  
COMMENCE DRILLING OPS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐  
ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐  
**CI Report** ☐

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 1-03.

**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.

ORIGINAL SIGNED BY  
SIGNED C. D. BORLAND TITLE Area Production Manager DATE 7-14-65

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: