NO. OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION	
SANTA FE	NEW MEXICO OIL CO		
FILE			
U.S.G.S.			5a. Indicate Type of Lease
LAND OFFICE			State Fee X
OPERATOR			5. State Oil & Gan Leane No.
	<del></del>		
SI	NORY NOTICES AND REPORTS	ON WELLS	
SUNDRY NOTICES AND REPORTS ON WELLS  (DO NOT USE THIS FORM FOR PROPOSALS TO ORILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.  USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			
1.		30011 71101 0312017	7, Unit Agreement Name
OIL GAS WELL WELL	OTHER+		
2. Name of Operator			8. Farm or Lease Name
Gulf Oil Corporation			Eubank
3. Address of Operator			9. Well No.
Box 670, Hobbs, New Mexico 88240			7
4, Location of Well			10. Field and Pool, or Wildcat
UNIT LETTER B. , 450 PEET FROM THE NORTH LINE AND 2306 PEET FROM			Drinkard
12 12 - 21 C - 27 E			
THE EAST LINE, SECTION 22 TOWNSHIP 21-S RANGE 37-E NMPM.			
mmmm		kar DE DT CD 1	minimitely the second
	15, Elevation (Show whet		12, County
		3424 DF	Lea
Che	ck Appropriate Box To Indicate	e Nature of Notice, Report or Ot	her Data
NOTICE	F INTENTION TO:	SUBSEQUEN	T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON		COMMENCE DRILLING OPNS.	PLUS AND ABANDONMENT
PULL OR ALTER CABING	CHANGE PLANS	CABING TEST AND CEMENT JOS	
_		OTHER	
OTHER			
			entere deposition to the time of the time the time of time of time of the time of
17. Describe Proposed or Complete work) see NULE 1103.	ed Operations (Clearly state all pertinent	details, and give pertinent dates, including	seatimated date of starting any proposed
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		ract. Connected to Warre	n's system on August 28,
1974 and placed on	production.		
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	·		
	ation above is true and complete to the be	at at my beautides and traited	
18. I hereby certify that the inform	A complete to the be	st of my knowledge and belief.	
116417			
IGNED	TITLE !	Area Production Manager	DATE August 29, 1974
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X/20/	SUBLEM SCIENCE	व्या ज्ञ
APPROVED BY	THEN_ TITLE_	The state of the s	A DATE
ONDITIONS OF APPROVAL, IF	ANY		
. S. S. I IONE OF PAPEROVAL, IF	<i>I</i>		
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