N). OF COPIES RECEIVED			Form C-103 Supersedes Old
DISTRIBUTION		NEW MEXICO OIL CONSERVATION COMMISSION	
SANTA FE	NEW MEXICO OIL CON		
FILE			
U.S.G. S .			5a. Indicate Type of Lease
LAND OFFICE			State X Fee S. State Oil & Gas Lease No.
OPERATOR			B-1732
			amminist -
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. USL "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)			
OIL SAS WELL	OTHER+		7. Unit Agreement Name
Z. Name of Operator			8. Farm or Lease Name
GULF OIL CORPORATION			Harry Leonard (NCT-C)
P.O. Box 670, Hobbs, NM 88240			9. Well No. 16
P.O. BOX 6/U, HODDS	, NM 8824U		10. Field and Pool, or Wildcat
	1980 South	2240	Drinkard
UNIT LETTER	1980 FEET FROM THE South	LINE AND FE	ET FROM DITINGLE
THE West LINE, S	ECTION 36 TOWNSHIP 21S	RANGE 36E	_ HMPM. ()
······································	15. Elevation (Show whether	- DE PT CP I	12. County
	3519'		Lea
19:		· · · · · · · · · · · · · · · · · · ·	
	ck Appropriate Box To Indicate FINTENTION TO:	_	or Other Data QUENT REPORT OF:
NOTICE	FIRTENTION TO.	1	QUENT NEW ONLY OF .
PERFORM REMEDIAL WORK	PLUG AND ASSANCED	REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	_	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS	CASING TEST AND CEMENT JOB	
- Abandon TAd Ri	inebry & prod Drinkard XX	OTHER	
	zone as single	-1	
17. Describe Proposed or Complete work) SEE RULE 1103.	ed Operations (Clearly state all pertinent de	etails, and give pertinent dates, in	acluding estimated date of starting any proposed
in the gross interv Spot cmt slurry fro Drill out cmt to to	rod eqpt. Set RBP @ 5900', ral 5576'-5802' (48 3/4" h rm 5810' to 5502'. rp of liner @ 5826'. Test rx 5525' & ppg eqpt as requ	noles) w/32 sx Class squeezed Blinebry pe	"C" cmt + additives. erfs to 300 psi. Run
14. I hereby certify that the inform	ation above is true and complete to the best	of my knowledge and belief. Area Engineer	DATE 6-25-79
NIGHED II			
•	Original Signed by		11 M 2 1 14/4

CONDITIONS OF APPROVAL, IF ANY: Dist 1, Sups