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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 ☒ Fee ☐
5. State Oil & Gas Lease No. B-1732
7. Unit Agreement Name
8. Farm or Lease Name Harry Leonard (NCT-A)
9. Well No. 11
10. Field and Pool, or Wildcat Eumont
12. County Lea

SUNDRY NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REOPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT - " (FORM C-101, FOR SUCH PROPOSALS.)	
OIL WELL ☒ GAS WELL ☐ OTHER-	
Name of Operator Gulf Oil Corporation	
Address of Operator Box 670, Hobbs, N.M. 88240	
Location of Well UNIT LETTER <u>H</u> <u>2080</u> FEET FROM THE <u>north</u> LINE AND <u>660</u> FEET FROM THE <u>east</u> LINE, SECTION <u>22</u> TOWNSHIP <u>21S</u> RANGE <u>36E</u> NMPM.	
15. Elevation (Show whether DF, RT, CR, etc.) 3575' GL	

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPNS. ☒	PLUG AND ABANDONMENT ☐
WELL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☒	

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.

MGF Drilling Company spudded 12-1/4" hole at 8:00 p.m., 3-21-77. Completed 12-1/4" hole at 370' at 2:15 a.m. 3-22-77.

Ran 8 joints & 1 cut joint of 8-5/8" 24# K-55 ST&C casing set at 365'. Cemented with 200 sacks Class C containing 1/4# Celoflake and 2% CaCl2. Cement circulated. WOC 18 hours. Tested casing with 1000# for 30 minutes, OK.

Started drilling 7-7/8" hole at 370'.

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

SIGNED <u>D.T. Berlin</u>	TITLE <u>Area Engineer</u>	DATE <u>3-24-77</u>
PROVED BY <u>[Signature]</u>	TITLE <u>[Signature]</u>	DATE <u>[Signature]</u>
CONDITIONS OF APPROVAL, IF ANY:		