NO. OF COPIES RECEIVED	<u>д</u>	
DISTRIBUTION	-	Form C-103 Supersedes Old
SANTAFE	NEW MEXICO OL CONSERVATION COMMISSION	C-102 and C-103
FILE		Effective 1-1-65
U.S.G.S.	JAN 10 3 25 PH '66	5a. Indicate Type of Lease
OPERATOR		5. State Oil & Gas Lease No.
1.	RY NOTICES AND REPORTS ON WELLS prosals to grill or to deepen or plug back to a different reservoir. Ion for permit - " (form C-101) for such proposals.)	7. Unit Agreement Name
OIL GAS WELL 2. Name of Operator	OTHER-	
Gulf 011 Corporation	8. Farm or Lease Name Mark	
3. Address of Operator		
B ox 670, Hobbs, New M	lexico	9. Well No.
4, Location of Well B	60FEET FROM THE North 1980F	10. Field and Pool, or Wildcat Penrose Scelly
UNIT LETTER	FEET FROM THE LINE AND F	EET FROM
THE <b>East</b> LINE, SECTION	ON TOWNSHIP 22-S 37-E	- NMPM.
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3415 GL	Les
Check	Appropriate Box To Indicate Nature of Notice, Report	t of Other Data
NOTICE OF IN		QUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING GENS.	PLUG AND ABANDONMENT
HALL ON ALTEN CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	
QTHER	CI Report	

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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 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.

SIGNED C D. BO, LARS	TITLE Area Production Manager	DATE January 7, 1966
APPROVED BY	TITLE	DATE

OPERATOR       5. State Oil & Gas Lease No.         SUNDRY NOTICES AND REPORTS ON WELLS       5. State Oil & Gas Lease No.         (DO NOT USE THIS FOR MEDICATION FOR THE OR TO DEEPEN OR USE SACK TO A DIFFERENT RESERVOIR.       7. Unit Agreement Name         1.       MELL       Gas          MELL       OTHER.         2. Name of Operator       8. Form or Lease Name         Address of Operator       8. Form or Lease Name         3. Address of Operator       9. Well No.         A. Location of Well       10. Field and Pool, or Wildedt         UNIT LETTER       B. 660       reet FROM THE DOPTA         Its, Elevation (Show whether DF, RT, GR, etc.)       12. County         16.       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         PUL OR ALTER CASING       PLUG AND ABANDON	NO. OF COPIES RECEIVED				
SANTA FE	DISTRIBUTION				
FILE       JUL 9 3 44 PH 765       So. Indicate Type of Lease         ULS.G.S.       So. Indicate Type of Lease       So. Indicate Type of Lease         OPERATOR       So. State OII 6 Gas Leage No.         Iton or use Twis power partices and partices of the state of	SANTA FE	NEW NEXICO OIL CONSERVATION CONVICED			
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OIL	OPERATOR		5. State Oil & Gas Lease No.		
OIL	(DO NOT USE THIS FORM FOR PROF	Y NOTICES AND REPORTS ON WELLS			
WELL growtell other.       OTHER.         2. Name of Operator       8. Farm or Lease Name         Guil Corporation       Nark         3. Address of Operator       9. Well No.         Box 670, Hobbs, New Maxicos       1         4. Location of Well       10. Field and Pool, or Wildcat         Penrose Skelly       Penrose Skelly         THE	1.	ON FOR PERMIT (FORM C-101) FOR SUCH PROPOSALS.)			
2. Name of Operator       8. Farm or Lease Name         Mark       9. Well No.         3. Address of Operator       9. Well No.         Box 670, Bobbs, New Mexices       1         4. Location of Well       10. Field and Pool, or Wildcat         WIT LETTER       B. 660         FRE       660         Freet FROM THE       Dorth         LINE AND       1980         Freet FROM       FEET FROM THE         UNIT LETTER       B. 660         Freet FROM       FEET FROM THE         Dorth       1980         Free       Freet FROM         Permose       Skelly         Intermediation       10. Field and Pool, or Wildcat         PERFORM REMEdiat WORK       15. Elevation (Show whether DF, RT, GR, etc.)         12. County       12. County         146.       Check Appropriate Box To Indicate Nature of Notice, Report or Other Data         NOTICE OF INTENTION TO:       SUBSEQUENT REPORT OF:         PERFORM REMEdiat WORK       Plug AND ABANDON         REMEDIAL WORK       Altering casing         PULL OR ALTER CASING       CHANGE PLANS         OTHER       CI         OTHER       CI		OTHER-	7. Unit Agreement Name		
Gulf Oil Corporation       Hark         3. Address of Operator       9, Well No.         Box 670, Hobbs, New Kexice       1         4. Location of Well       10. Field and Pool, or Wildcat         will Letter B       . 660         FHE       660         FILE       . 660         FILE	2. Name of Operator		9 Form on Longe Mana		
3. Address of Operator       3. Well No.         Box 670, Bobbs, New Mexice       1         4. Location of Well       1         UNIT LETTER       B       . 660       FEET FROM THE DOTTED       LINE AND 1980       FEET FROM         THE       Coast       LINE, SECTION       3       TOWNSHIP       225       RANGE       3775       NMPM.         15. Elevation (Show whether DF, RT, GR, etc.)       12. County       Loea       12. County         16.       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         PULL OR ALTER CASING       CHANGE PLANS       CMMENCE DRILLING OPNS.       CI         OTHER       OTHER       CI       CI       CI	Child Cill Barry anothing				
Box 670, Hobbs, New Maxico       1         4. Location of Well       10. Field and Pool, or Wildcat         UNIT LETTER       B       . 660       FEET FROM THE DOTTAL       LINE AND 1980       FEET FROM         THE       Bast       LINE, SECTION       3       TOWNSHIP       2235       RANGE       3775       NMPM.         15. Elevation (Show whether DF, RT, GR, etc.)       12. County       12. County       12. County         16.       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         PULU OR ALTER CASING       CHANGE PLANS       CHANGE PLANS       CT         OTHER       OTHER       CT       CT	3. Address of Operator				
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THE	-				
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			PLUG AND ABANDONMENT		
	07458	OTHER	<u> </u>		
7. Describe Proposed or Completed Operations (Clearly state all partinent date it and it is a state of the st	VINCR				
	17. Describe Proposed or Completed One	rations (Clearly state all partirent day 'I'''''''''''''''''''''''''''''''''''			

## Well is 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.

SIGNED	ORIGINAL SIGNED BY C. D. BORLAND	TITLE	Area Production Manager	DATE	7-7-65
APPROVED BY	F APPROVAL, IF ANY:	TITLE		DATE	