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NEW MEXICO OIL CONSERVATION COMMISSION
MISCELLANEOUS REPORTS ON WELLS

FORM C-103
(Rev 3-55)

(Submit to appropriate District Office as per Commission Rule 1106)

Name of Company Gulf Oil Corporation				Address Box 670, Hobbs, New Mexico			
Lease Mark	Well No. 1	Unit Letter B	Section 3	Township 22-S	Range 37-E		
Date Work Performed	Pool Penrose Skelly	County Lea					

THIS IS A REPORT OF: (Check appropriate block)

- | | | |
|--|---|---|
| <input type="checkbox"/> Beginning Drilling Operations | <input type="checkbox"/> Casing Test and Cement Job | <input type="checkbox"/> Other (Explain): |
| <input type="checkbox"/> Plugging | <input type="checkbox"/> Remedial Work | |

CI Report

Detailed account of work done, nature and quantity of materials used, and results obtained.

Well is still carried as closed in. No plans have been made at this time for further work on this well.

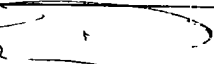
Witnessed by	Position	Company
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FILL IN BELOW FOR REMEDIAL WORK REPORTS ONLY

ORIGINAL WELL DATA					
D F Elev.	T D	P BTD	Producing Interval	Completion Date	
Tubing Diameter	Tubing Depth	Oil String Diameter	Oil String Depth		
Perforated Interval(s)					
Open Hole Interval			Producing Formation(s)		

RESULTS OF WORKOVER

Test	Date of Test	Oil Production BPD	Gas Production MCFPD	Water Production BPD	GOR Cubic feet/Bbl	Gas Well Potential MCFPD
Before Workover						
After Workover						

OIL CONSERVATION COMMISSION		I hereby certify that the information given above is true and complete to the best of my knowledge.	
Approved by 		Name	Area Production Manager
Title		Position	Area Production Manager
Date		Company	Gulf Oil Corporation

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NEW MEXICO OIL CONSERVATION COMMISSION
SANTA FE, NEW MEXICO

CERTIFICATE OF COMPLIANCE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FORM C-110
(Rev. 7-60)

FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE

Company or Operator				Lease		Well No.	
				Mark		1	
Unit Letter	Section	Township	Range	County			
B	3	22S	37E				
Pool				Kind of Lease (State, Fed, Fee)			
Penrose Skelly				Fee			
If well produces oil or condensate give location of tanks			Unit Letter	Section	Township	Range	
			B	3	22S	37E	
Authorized transporter of oil <input type="checkbox"/> or condensate <input type="checkbox"/>				Address (give address to which approved copy of this form is to be sent)			
				P.O. Box 100, Indian Wells, Texas			
Is Gas Actually Connected? Yes _____ No _____							
Authorized transporter of casing head gas <input type="checkbox"/> or dry gas <input type="checkbox"/>			Date Connected	Address (give address to which approved copy of this form is to be sent)			
				P.O. Box 100, Indian Wells, Texas			
If gas is not being sold, give reasons and also explain its present disposition:							
<p align="center">REASON(S) FOR FILING (please check proper box)</p> <p>New Well <input type="checkbox"/> Change in Ownership <input type="checkbox"/></p> <p>Change in Transporter (check one) Other (explain below)</p> <p>Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/></p> <p>Casing head gas <input type="checkbox"/> Condensate .. <input type="checkbox"/></p>							
<p>Change in ownership due to the fact that the well is presently closed in</p> <p align="center"><u>WELL IS PRESENTLY CLOSED IN</u></p>							
Remarks							
The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.							
Executed this the _____ day of _____, 19____.							
OIL CONSERVATION COMMISSION				By			
Approved by				Title			
Superintendent - District 2				Assistant Commissioner			
Date				Company			
2-2-61				P.O. Box 100, Indian Wells, Texas			
				Address			
				P.O. Box 100, Indian Wells, Texas			