

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103

Revised 10-1-73

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease	
State ☐	Fed ☒
5. State Oil & Gas Lease No.	

SUNDRY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPERATE OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER: <u>Gas-Lil Dual</u>		7. Unit Agreement Name
2. Name of Operator <u>Gulf Oil Corp.</u>		8. Farm or Lease Name <u>Mark</u>
3. Address of Operator <u>P. O. Box 670, Hobbs, NM 88240</u>		9. Well No. <u>7</u>
4. Location of Well UNIT LETTER <u>H</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>760</u> FEET FROM THE <u>East</u> LINE, SECTION <u>3</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> N.M.P.M.		10. Field and Pool, or Wildcat <u>Blinbury, La. 1980-1981</u>
15. Elevation (Show whether DF, RT, GR, etc.) <u>3393' GL</u>		12. County <u>La</u>

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐
PULL OR ALTER CASING ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

OTHER Add Pits in Blinbury ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOBS ☐

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

OTHER ☐

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.

POH up the Pit Blinbury 5628-30, 5652-54, 5739-41, 5811-13' w/2 1/2"
JHPE Spot Acid 5813'-5628' Dual. Acc w/ 4000 gals 15% NEFE
+ RCNB's. Dual. Grac w/ gel pad 20/40 sand + RCNB's.
Reverse fill. Dual test. Egg to pump.

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

SIGNED

RD Pite

TITLE

AREA ENGINEER

DATE

7-24-84

APPROVED BY

Eddie W. Seay

TITLE

Oil & Gas Inspector

DATE

JUL 26 1984

CONDITIONS OF APPROVAL, IF ANY: