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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.

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. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER- ☐
2. Name of Operator **Gulf Oil Corporation**
3. Address of Operator **Box 670, Hobbs, New Mexico 88240**
4. Location of Well
UNIT LETTER **L**, **1980** FEET FROM THE **South** LINE AND **660** FEET FROM
THE **West** LINE, SECTION **5** TOWNSHIP **22-S** RANGE **37-E** NMPM.
15. Elevation (Show whether DF, RT, GR, etc.) **3451' GL**

7. Unit Agreement Name **South Penrose Skelly Unit**
8. Farm or Lease Name **Penrose Skelly**
9. Well No. **128**
10. Field and Pool, or Wildcat
Penrose Skelly
12. County **Lea**

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

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input type="checkbox"/>

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 last produced in 1973. Is presently closed in, pending outcome of current evaluation of pilot flood operations.

Expires 10/1/75

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

SIGNED *B. J. Barbary* TITLE Area Engineer DATE October 14, 1974

APPROVED BY Joe D. Roney TITLE Dist. 1, Supv. DATE _____

CONDITIONS OF APPROVAL, IF ANY: