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LAND OFFICE	
OPERATOR	

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Gulf Oil Corporation	7. Unit Agreement Name South Penrose Skelly Unit
3. Address of Operator Box 670, Hobbs, New Mexico 88240	8. Farm or Lease Name
4. Location of Well UNIT LETTER I 1980 FEET FROM THE South LINE AND 660 FEET FROM THE East LINE, SECTION 5 TOWNSHIP 22-S RANGE 37-E NMPM.	9. Well No. 125
	10. Field and Pool, or Wildcat Penrose Skelly
15. Elevation (Show whether DF, RT, GR, etc.) 3434' GL	12. County Lea

16. 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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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 1960. Is presently closed in, pending outcome of current evaluation of pilot flood operations.

Expires 10/11/75

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

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

APPROVED BY Joe D. Ranney TITLE _____ DATE _____
Dist. I, Supv.

CONDITIONS OF APPROVAL, IF ANY: