NO. OF COPIES RECEIVED]	Form C-103
DISTRIBUTION	$_{ m H}$ in the particle $ m c.c.$	Supersedes Old
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISS	C-102 and C-103 Effective 1-1-65
FILE	Aug 22 3 33 PM '89	
U.S.G.S.	AUS (1 0 33 111 03	5a. Indicate Type of Lease
LAND OFFICE		State Fee 17
OPERATOR		5. State Oil & Gas Lease No.
SUNDS (DO NOT USE THIS FORM FOR PUSE "APPLICAT	RY NOTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESE FION FOR PERMIT - ** (FORM C-101) FOR SUCH PROPOSALS.)	ERVOIR.
OIL GAS	TOTAL SOCIA PROPUSALS.)	7. Unit Agreement Name
WELL WELL WELL	South Penrose Skelly Uni	
Gulf Oil Corporation	8. Farm or Lease Name	
. Address of Operator	••	9. Well No.
Box 670, Hobbs, New		
. Location of Well	127	
UNIT LETTER	1080	10. Field and Pool, or Wildcat
UNII LETTER	1980 FEET FROM THE SOUTH LINE AND 1980	FEET FROM PENTOSE SKELLY
THE Wast LINE, SECTION	, NMPM.	
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	3445° 3L	Ioa (IIIIIII)
°. Check	Appropriate Box To Indicate Nature of Notice, R	oper or Other Days
NOTICE OF IN		
	31	UBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	
EMPORARILY ABANDON	The state of the s	ALTERING CASING
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND COLOR	- COU AND ARANDON MENT
	CASING IEST AND CEMEN	IT JQB []
OTHER	OTHER	
	erations (Clearly etate all i - 1 - 1	ates including animal law (
7. Describe Proposed or Completed Op	elations (Clearly state all pertinent details, and give pertinent de	aces, including estimated date of continuous mensus al
7. Describe Proposed or Completed Op work) SEE RULE 1103.	elations (Clearly state all pertinent actails, and give pertinent de	ates, including estimated date of starting any proposed
7. Describe Proposed or Completed Op work) SEE RULE 1103.	elations (Clearly state all pertinent actails, and give pertinent de	aves, including estimated date of starting any proposed

. I hereby cert	ify that the information above is true and c	complete to the 1	pest of my knowledge and belief.		
GNED	ORIGINAL SIGNED BY C. D. BORLAND	TITLE	Area Production Manager	DATE ADEUS	t 29 . 106e
				DATE - MARKETE	* ***
PROVED BY	Jaco Stones	TITLE	SUPPLISOR DUTRICE	DATE	
PROVED BY	APPROVAL, IF ANY:	•	SUPPLISOR DUTRICE	e	