DISTRIBUTION			Form C-103
	HORRS	DEFICE O C O	Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATIO	N COMMISSION .	Effective 1-1-65
FILE	Nov 19	4 02 PM '65	Eq. Indigate Time of I
U.S.G.S.	IIII 17	7 U4 FM 03	State Fee. Fee.
OPERATOR OPERATOR			5. State Oil & Gas Lease No.
OPERATOR			5. State Off & Gds Lease No.
	SUNDRY NOTICES AND DEPORTS ON WELLS		ammuninik
(DO NOT USE THIS FOR USE "	SUNDRY NOTICES AND REPORTS ON WELLS RM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A D "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSAL	IFFERENT RESERVOIR. .S.)	
1.			7. Unit Agreement Name
OIL GAS WELL WELL	OTHER-		
2. Name of Operator	<b>A.</b>		8, Farm or Lease Name
Gulf Oil Corpora  3. Address of Operator	tion		H. T. Mattern (NCT-D)  9. Well No.
	Non-Marriage		
Box 670, Hobbs, New Mexico 4. Location of Well UNIT LETTER K 1980 FEET FROM THE South Line and 1980 FEET FI			10. Field and Pool, or Wildcat
			Americand
UNIT LEFTER	FEET FROM THE LINE AN	D FEET FRO	
THE West	INE, SECTION 6 TOWNSHIP 22-8 RAN	GE	
	15. Elevation (Show whether DF, RT, G	•	12. County
İ		3462 DF	Lea
	Check Appropriate Box To Indicate Nature of E OF INTENTION TO:	<del>-</del>	ther Data
_			
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL	work	ALTERING CASING
TEMPORARILY ABANDON	COMMENC	E DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TE	EST AND CEMENT JOB	
	OTHER		
OTHER		Report	
work) SEE RULE 1103.	npleted Operations (Clearly state all pertinent details, and gi		
Well uneconomica	l to produce. To be carried as close	ed in.	
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	I to produce. To be carried as close a complete to the best of my knowledge.		
8. I hereby certify that the in	oformation above is true and complete to the best of my knowl		
8. I hereby certify that the in	oformation above is true and complete to the best of my knowl	edge and belief.	DATE <b>November 18- 106</b> €
8. I hereby certify that the in	oformation above is true and complete to the best of my knowl	edge and belief.	DATE <b>November 18, 1965</b>
8. I hereby certify that the in	oformation above is true and complete to the best of my knowl	edge and belief.	DATE_ <b>November 18, 1965</b>
8. I hereby certify that the in	oformation above is true and complete to the best of my knowl	edge and belief.	DATE NOVEMBER 18, 1965

CONDITIONS OF APPROVAL, IF ANY: