

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2080
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-79

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fed <input checked="" type="checkbox"/>
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- <input type="checkbox"/>		7. Unit Agreement Name
2. Name of Operator		8. Farm or Lease Name
Gulf Oil Corporation		S. Penrose Skelly Unit
3. Address of Operator		9. Well No.
P. O. Box 670, Hobbs, NM 88240		109
4. Location of Well		10. Field and Pool, or Wildcat
UNIT LETTER <u>G</u> , <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM		Penrose Skelly
THE <u>East</u> LINE, SECTION <u>6</u> TOWNSHIP <u>22S</u> RANGE <u>37E</u> N.M.P.M.		
15. Elevation (Show whether DF, RT, GR, etc.)		12. County
3453' GL		Lea

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 ☐
OTHER ☐

PLUG AND ABANDON ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐
COMMENCE DRILLING OPNS. ☐
CASING TEST AND CEMENT JOB ☐
OTHER Returned to Production ☒

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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 with rods and pump. Worked stuck tubing free. Cut paraffin. Swabbed. Replaced 5 joints bad tubing. Ran pump and rods; spaced out pump.

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

SIGNED R.D. Pitzer TITLE Area Engineer DATE 9-16-81

APPROVED BY Jerry L. Smith
Dir. L. Smith

TITLE DATE

SEP 17 1981

CONDITIONS OF APPROVAL, IF ANY: