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NEW MEXICO OIL CONSERVATION COMMISSION OFFICE O. C. C.

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

JUL 5 3 45 PM '67

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|--|
| 6. Indicate Type of Lease |
| State <input type="checkbox"/> Fee <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- 2. Name of Operator Gulf Oil Corporation 3. Address of Operator Box 670, Hobbs, N.M. 88240 4. Location of Well UNIT LETTER B, 660 FEET FROM THE north LINE AND 1980 FEET FROM THE east LINE, SECTION 10 TOWNSHIP 22S RANGE 37E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3395' DF | 7. Unit Agreement Name South Penrose Skelly Unit 8. Farm or Lease Name 9. Well No. 141 10. Field and Pool, or Wildcat Penrose Skelly 12. County Lea |
|--|---|

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

| | |
|--|---|
| PERFORM REMEDIAL WORK <input type="checkbox"/> | PLUG AND ABANDON <input type="checkbox"/> |
| TEMPORARILY ABANDON <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | OTHER <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

| | |
|---|---|
| REMEDIAL WORK <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| COMMENCE DRILLING OPNS. <input type="checkbox"/> | PLUG AND ABANDONMENT <input type="checkbox"/> |
| CASING TEST AND CEMENT JOB <input type="checkbox"/> | OTHER TA Report <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 still carried as temporarily abandoned. No plans have been made at this time for further work on this well.

THE COMMISSION MUST BE
EVERY 6 MONTHS ON FORM C-10
AS TO THE WELL STATUS AND YOUR
FUTURE PLANS FOR THIS WELL

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

ORIGINAL SIGNED

C. D. BORLAND

SIGNED

TITLE Area Production Manager

DATE 7-6-67

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: