NO. OF COPIES RECEIVED		Form C-103
DISTRIBUTION		Supersedes Old C-102 and C-103
SANTA FE	NEW MEXICO OIL CONSERVATION COMMISSION	Effective 1-1-65
FILE		
U.S.G.S.		5a. Indicate Type of Lease
LAND OFFICE	1	State Fee. X
OPERATOR		5. State Oil & Gas Lease No.
	,	
SHNDI	OV NOTICES AND DEDODES ON WELLS	mmmmmm
(DC NOT USE THIS FORM FOR PR	RY NOTICES AND REPORTS ON WELLS OPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. (100 FOR PERMIT -'' (FORM C-101) FOR SUCH PROPOSALS.)	
1.	TOR FOR PERMIT = " (FORM C-TUT) FOR SUCH PROPOSALS.)	7. Unit Agreement Name
OIL GAS WELL WELL	OTHER- Dual	, our rigidomont reame
2. Name of Operator	orner- puor	8. Farm or Lease Name
Gulf Oil Commonst	i an	
Gulf Oil Corporat 3. Address of Operator	roff	Hugh 9. Well No.
•	W	_
Box 670, Hobbs, N	•N•	1
1 -7	440	10. Field and Pool, or Wildcat
UNIT LETTER,	660 FEET FROM THE NORth LINE AND 660 FEET FROM	Paddock & Penrose Skelly
	21	
THE WEST LINE, SECT	ON 14 TOWNSHIP 22S HANGE 37E NMPM	
mmmmmmm		
	15. Elevation (Show whether DF, RT, GR, etc.)	12. County
	11/1/\/\/ 3362' GL	Lea
Check	Appropriate Box To Indicate Nature of Notice, Report or Ot	her Data
NOTICE OF I		T REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON	COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	CHANGE PLANS CASING TEST AND CEMENT JOB	TOO AND ADAMPONIMENT
	CTHER	
OTHER		
	CI Report	170
17. Describe Proposed or Completed O work) SEE RULE 1603.	perations (Clearly state all pertinent details, and give pertinent dates, including	g estimated date of starting any proposed
70-11		
Both zones still	carried as closed in. No plans have been made a	at this time for
further work on the	nis well.	
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	and the second of the second o	, **
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18. I hereby certify that the information	above is true and complete to the best of my knowledge and belief.	
	and the best of my knowledge and beneft.	
CRIGINAL FIGH TO BY	Amon Danada at 200	20.011
SIGNED	Area Production Manager	10 -2 4 -66
	Ň.	
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY		