

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION
May 10 3 31 PM '68

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

5a. Indicate Type of Lease State <input type="checkbox"/> Fee <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No.
7. Unit Agreement Name
8. Farm or Lease Name Scarborough Estate
9. Well No. 2
10. Field and Pool, or Wildcat Blinebry
12. County Lea

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 ☒ GAS WELL ☐ OTHER- ☐

2. Name of Operator
Gulf Oil Corporation

3. Address of Operator
Box 670, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **H** , **1880** FEET FROM THE **North** LINE AND **660** FEET FROM
THE **East** LINE, SECTION **31** TOWNSHIP **22-S** RANGE **38-E** NMMP.

15. Elevation (Show whether DF, RT, GR, etc.)
3357' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

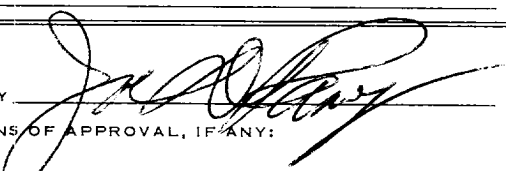
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

Returned well to production

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 has been closed in due to high gas-oil ratio. Ran GOR test and returned well to production.

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

ORIGINAL SIGNED BY C. D. BORLAND	TITLE Area Production Manager	DATE May 10, 1968
SIGNED _____	TITLE _____	DATE _____
APPROVED BY 	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		