

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

30. Indicate Type of Lease	
State ☒	Fee ☐
5. State Oil & Gas Lease No.	
B-4467-1	

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- Gas-Oil Dual		7. Unit Agreement Name
2. Name of Operator Gulf Oil Corporation		8. Farm or Lease Name T. R. Andrews
3. Address of Operator P. O. Box 670, Hobbs, NM 88240		9. Well No. 3
4. Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>1980</u> FEET FROM THE <u>East</u> LINE, SECTION <u>32</u> TOWNSHIP <u>22S</u> RANGE <u>38E</u> NMPM.		10. Field and Pool, or Wildcat Drinkard & Tubb Gas
15. Elevation (Show whether DF, RT, GR, etc.) 3398' GL		12. County Lea

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPERATIONS ☐	PLUG AND ABANDONMENT ☐
PULL OR ALTER CASING ☐	OTHER ☒ Test	CASING TEST AND CEMENT JOBS ☐	

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.

Obtain SI BHP and 100' gradient pressures on Drinkard; record surface shut-in pressure. Set tubing plug below sliding sleeve (6532'); GIH open sleeve at 6532'. Shut in well 1 hour. Obtain SI BHP at 6532' and 100' gradient pressures on Tubb; record surface shut-in pressure. GIH close sleeve. POH with tubing plug. Obtain flowing stabilized GOR on Drinkard.

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

SIGNED R. D. P. Rite TITLE Area Engineer DATE 4-23-81

APPROVED BY _____ TITLE _____ DATE _____