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# NEW MEXICO OIL CONSERVATION COMMISSION

AUG 22 3 32 PM '69

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.

## 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <b>Water Supply Well</b>	7. Unit Agreement Name <b>South Penrose Skelly Unit</b>
2. Name of Operator <b>Gulf Oil Corporation</b>	8. Farm or Lease Name
3. Address of Operator <b>Box 670, Hobbs, New Mexico 88240</b>	9. Well No. <b>1</b>
4. Location of Well UNIT LETTER <b>G</b> <b>2310</b> FEET FROM THE <b>North</b> LINE AND <b>1980</b> FEET FROM THE <b>East</b> LINE, SECTION <b>5</b> TOWNSHIP <b>22-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>Penrose Skelly</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3424' OL</b>	12. County <b>Lea</b>

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 <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.

**Installed risers and valves above ground level on each casing string. Inspected by John Ryan. Will fill cellar.**

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

ORIGINAL SIGNED BY

SIGNED C. D. BORLAND

TITLE Area Production Manager

DATE August 22, 1969

APPROVED BY [Signature]

TITLE WELL OR DISTRICT

DATE AUG 25 1969

CONDITIONS OF APPROVAL, IF ANY: