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# NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
<b>E-3480-1</b>

## 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- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator <b>Gulf Oil Corporation</b>	8. Farm or Lease Name <b>R. E. Cole (NCT-A)</b>
3. Address of Operator <b>Box 670, Hobbs, New Mexico 88240</b>	9. Well No. <b>12</b>
4. Location of Well UNIT LETTER <b>D</b> , <b>990</b> FEET FROM THE <b>North</b> LINE AND <b>330</b> FEET FROM THE <b>West</b> LINE, SECTION <b>16</b> TOWNSHIP <b>22-S</b> RANGE <b>37-E</b> NMPM.	10. Field and Pool, or Wildcat <b>South McCormack Silurian</b>
15. Elevation (Show whether DF, RT, GR, etc.) <b>3393' GL</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 ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

### SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☐  
CASING TEST AND CEMENT JOB ☐  
OTHER ☐

ALTERING CASING ☐  
PLUG AND ABANDONMENT ☐

**Installed valves above ground level**

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 valves above ground level on casing. Inspected by Mr. L. A. Clements. Filled 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 **March 3, 1969**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: