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HOBBBS OFFICE O.C.C.
NEW MEXICO OIL CONSERVATION COMMISSION

MAY 5 12 56 PM '66

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

Indicate Type of Lease
☒ **State** ☐ **Federal**
 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- 2. Name of Operator Gulf Oil Corporation 3. Address of Operator P. O. Box 980, Kermit, Texas 4. Location of Well UNIT LETTER H , 1980 FEET FROM THE North LINE AND 660 FEET FROM THE East LINE, SECTION 27 TOWNSHIP 23-S RANGE 37-E NMPM. 15. Elevation (Show whether DF, RT, GR, etc.) 3264.50' GR	7. Unit Agreement Name 8. Farm or Lease Name C. E. Lamunyon 9. Well No. 19 10. Field and Pool, or Wildcat Langlie-Mattix 12. County Lea
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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 checked="" type="checkbox"/> Closed in

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 closed in. To be held for inclusion in possible waterflood.

PLANS FOR THIS WELL

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

SIGNED W. W. Whitaker TITLE Area Engineer DATE April 29, 1966

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: