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HOBBS OFFICE O. C. C.  
NEW MEXICO OIL CONSERVATION COMMISSION  
Nov 30 11 44 AM '66

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

5a. Indicate Type of Lease State <input type="checkbox"/> Federal <input checked="" type="checkbox"/>
5. State Oil & Gas Lease No. Fed. Lse. #LC030187

### 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 - A" (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 Gulf Oil Corporation	8. Farm or Lease Name C. E. LaMunyon
3. Address of Operator P. O. Box 980, Kermit, Texas	9. Well No. 6
4. Location of Well UNIT LETTER <u>A</u> , <u>766</u> FEET FROM THE <u>North</u> LINE AND <u>554</u> FEET FROM THE <u>East</u> LINE, SECTION <u>28</u> TOWNSHIP <u>23S</u> RANGE <u>37E</u> NMPM.	10. Field and Pool, or Wildcat Teague Simpson
15. Elevation (Show whether DF, RT, GR, etc.) 3294' GR	12. County Lea

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 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.

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

SIGNED H. F. Swannack  
H. F. Swannack

TITLE Area Production Manager

DATE November 29, 1966

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: