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NEW MEXICO OIL CONSERVATION COMMISSION C.

AUG 22 11 51 AM '67

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.	
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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 Gulf Oil Corporation	8. Farm or Lease Name Learcy McBuffington
3. Address of Operator P. O. Box 980, Kermit, Texas	9. Well No. 9
4. Location of Well UNIT LETTER K , 1650 FEET FROM THE South LINE AND 1980 FEET FROM THE West LINE, SECTION 13 TOWNSHIP 25S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Justis (Montoya)
15. Elevation (Show whether DF, RT, GR, etc.) 3090' DF	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 <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 checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

Set cast-iron Baker Bridge plug in 7" OD casing at 6900'.
Dumped 2 sks cement on same. Montoya completion plugged and abandoned at 4:00 P. M. August 20, 1967.

Work is now in progress to complete well as a dual in the Fusselman and Blinebry pays.

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

SIGNED H. F. Swannack TITLE Area Manager DATE August 21, 1967
H. F. Swannack

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

Revised for completion