

CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State ☒ Fee ☐
5. State Oil & Gas Lease No. <u>B-229</u>
7. Unit Agreement Name
8. Farm or Lease Name <u>Arnell Ranney (Oct-F)</u>
9. Well No. <u>1</u>
10. Field and Pool, or Wildcat <u>Largie-Mottie</u>
12. County <u>Lea</u>

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 ☒ GAS WELL ☐ OTHER ☐
2. Name of Operator <u>Gulf Oil Corp.</u>
3. Address of Operator <u>P. O. Box 670, Hobbs, NM 88240</u>
4. Location of Well UNIT LETTER <u>D</u> <u>660</u> FEET FROM THE <u>North</u> LINE AND <u>660</u> FEET FROM THE <u>West</u> LINE, SECTION <u>36</u> TOWNSHIP <u>25S</u> RANGE <u>37E</u> NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)

3038'GL

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 ☐

PLUG AND ABANDON ☒
CHANGE PLANS ☐

OTHER ☐

SUBSEQUENT REPORT OF:

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

ALTERING CASING ☐
PLUG AND ABANDONMENT ☐

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.

POH w/ plug. Set CIBP @ 3000', test csg 500 psi. Circ hole w/ abandonment mud. Cap CIBP w/ 25 sd cmt. Spot 25 sack plug 2240-2090'. Spot 25 sack plug 1040-840'. Perf 374' w/ (4) 1/2" JN. Lead csg + circ to surf. Pump 200 sd cmt. Sq. Erect dry hole marker. Clear + Clear loc.

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

SIGNED R. D. Pite

TITLE AREA ENGINEER

DATE 11-6-84

Eddie W. Seay

APPROVED BY Oil & Gas Inspector

TITLE

DATE

NOV - 8 1984

CONDITIONS OF APPROVAL, IF ANY: