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LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

11A/ 12 55 PM '66

Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. Fine Oil & Gas Lease No.	
B-229	
7. Unit Agreement Name	
8. Farm or Lease Name	
Arnett Ramsay (NCT-F)	
9. Well No.	
2	
10. Field and Pool, or Wildcat	
Langlie-Mattix	
11. County	
Lea	

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 - 1" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ 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 330 FEET FROM
THE East LINE, SECTION 36 TOWNSHIP 25-S RANGE 37-E NEPV.

15. Elevation (Show whether DF, RT, GR, etc.)
3034' GR

16. 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 OPERATIONS <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"/>	Closed in <input checked="" 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.

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

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: