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AMT. FEE	
TITLE	
J.S.G.S.	
LAND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

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

SUNDARY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR A WELL WHICH IS A NON-PRODUCENT RESERVOIR. USE APPLICATION FOR REVENUE IN NON-PRODUCENT RESERVOIR.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

Name of Operator
Gulf Oil Corporation

Address of Operator
Box 670 Hobbs, NM 88240

Location of Well
UNIT LETTER **M** **660** FEET FROM THE **South** LINE AND **660** FEET FROM
THE **West** LINE, SECTION **36** TOWNSHIP **25-S** RANGE **37-E** N.M.P.M.

5a. Indicate Type of Lease
State ☒ Fee ☐

5. State Oil & Gas Lease No.
B-228

7. Lease Agreement Name

8. Name of Lease Name
Vinson-Ramsay (NCT-B)

9. Well No.
1

10. Field and Pool, or Wildcat
Justis Glorieta

12. County
Lea

15. Elevation (Show whether DE, RT, GR, etc.)
3022' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☒
FULL OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOBS ☐	

SUBSEQUENT REPORT OF:

17. Describe in brief or in complete sentences (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1193.

Pulled Producing equipment. Set CIBP at 4704' and capped with 35' cement. Loaded hole with abandonment mud. Perforated 4½" casing at 1215' and 1160', would not circulate. Perforated 4½" casing at 365' with 4, 3/8" holes. Squeezed with 80 sacks class C cement down 4½" casing and circulated to surface between 4½" & 7" casing. Installed dry hole marker and cleaned location. Complete 6-16-77 after plug and abandon.

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

SIGNED **D.T. Berlin** TITLE **Area Engineer** DATE **June 16, 1977**

APPROVED BY **[Signature]** TITLE **CH** DATE **[Signature]**

CONDITIONS OF APPROVAL, IF ANY: