

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

Form C-103
Revised 10-1-78

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
OPERATOR	

3a. Indicate Type of Lease	
State ☒	For ☐
3. State Oil & Gas Lease No.	
27197	

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.
USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐		7. Unit Agreement Name M. Dollardhide Devonia Unit
2. Name of Operator Gulf Oil Corp.		8. Farm or Lease Name
3. Address of Operator P. O. Box 670, Hobbs, NM 88240		9. Well No. 121
4. Location of Well UNIT LETTER C 1285 FEET FROM THE North LINE AND 1650 FEET FROM THE West LINE, SECTION 33 TOWNSHIP 24S RANGE 38E NMPM.		10. Field and Pool, or Wildcat Dollardhide Devonia
15. Elevation (Show whether DF, RT, GR, etc.) 3186.9' GL		12. County Lea

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

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐
PULL OR ALTER CASING ☐	OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐	ALTERING CASING ☐
COMMENCE DRILLING OPS. ☐	PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOBS ☒	OTHER ☐

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.

TD 8133' @ 2:30 P.M., 9-30-84. Log to 1:30 A.M., 10-3-84. RU + 400 138
its 9' cut it 5 1/2" 15.5# K-55 LT+C, set @ 8133', DV @ 2257'.
Cmt 1st stg w/400 24 CL"C" GM + 500 24 CL"H" Plg den @ 5:36 A.M.,
10-4-84. No cmt circ off DV tool. Cmt 2nd stg w/100 24 CL"C"
mat. Bumped plg @ 10:28 A.M., 10-4-84. Close DV tool, did not
circ cmt. Imp' swr, TCC @ 800'. Rtl DV tool. Set csg.
3000# OK.

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

SIGNED Bob Jathaus TITLE AREA DRILL Supt DATE 10-16-84

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: