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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease

State Fee

5. State Oil & Gas Lease No.

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 GETTY OIL COMPANY	8. Farm or Lease Name State "AN"
3. Address of Operator Box 249, Hobbs, New Mexico	9. Well No. 3
4. Location of Well UNIT LETTER G 1650 FEET FROM THE North LINE AND 2310 FEET FROM THE East LINE, SECTION 7 TOWNSHIP 18S RANGE 35E NMPM	10. Field and Pool, or Wildcat Vacuum Abo
15. Elevation (Show whether DF, RT, GR, etc.)	12. County Lea

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"/>	REMEDIAL WORK <input checked="" type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Reperforated 5 1/2 casing w/2 Hyper jets per ft. 8805' to 8879'. Ran 4-3/4 bit, tagged TD @ 8882'. Drilled & spudded to 8892'. Set BP at 8882 w/treating packer at 8740. Spotted 1000 gals. 20% HCL, pressured up to 6000#, tried for 3 hours to break w/6000#. Reversed out acid.

Treated perforations 8519-82' w/3000 gals. 20% HCL Acid. Swabbed back load. 13 hr. SITP 100#. In 11 hours swabbed 53 BO & 14 BW. Treated with 300 gals. kerosene w/30 gals. J-10 De-emulsifier & 120 ball sealers.

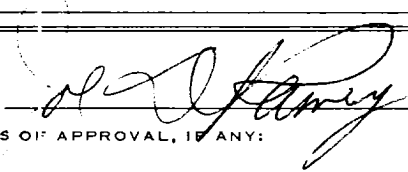
Well did not flow. Installed pumping equipment. Now pumping approximately 124 BOPD, No water.

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

Original Signed By

G. L. WADE

SIGNED _____ TITLE **Area Superintendent** DATE **April 30, 1968**

APPROVED BY  TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: