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OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

3 - NMOCD - Hobbs
1 - Engr - DBW
1 - Foreman - CRM
1 - File

Form C-103
Revised 10-1-78

5a. Indicate Type of Lease
State ☐ Free ☒

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name

Baker B

9. Well No.

4

10. Field and Pool, or Wildcat

Pubb Paddock

12. 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
Getty Oil Company

3. Address of Operator
P.O. Box 730 Hobbs, NM 88240

4. Location of Well
UNIT LETTER 0 660 FEET FROM THE South LINE AND 1980 FEET FROM
THE East LINE, SECTION 10 TOWNSHIP 22S RANGE 37E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
3406' DF

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 OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <input checked="" type="checkbox"/> Casing Connections

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.

Riser on 13 3/8" O.D. and 8 5/8" O.D. casing brought to surface.

Riser on 8 5/8" O.D. and 5 1/2" O.D. casing brought to surface.

Riser on _____ and _____ casing brought to surface.

Inspected by Ron Castleberry on _____

Inspected by Nathan E. Clegg on _____

Inspected by Tony Plattsmier on _____

Inspected by E.W. Seay on _____

Inspected by Otto Wink on 2-15-84

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

SIGNED [Signature] TITLE Area Superintendent DATE Februray 16, 1984

ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE FEB 17 1984

CONDITIONS OF APPROVAL, IF ANY: