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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease	
State <input type="checkbox"/>	Fee <input checked="" type="checkbox"/>
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 B. F. Davis
3. Address of Operator P. O. Box 249, Hobbs, New Mexico	9. Well No. 2
4. Location of Well UNIT LETTER I , 2310 FEET FROM THE South LINE AND 330 FEET FROM THE East LINE, SECTION 33 TOWNSHIP 23S RANGE 37E NMPM.	10. Field and Pool, or Wildcat Undesignated
15. Elevation (Show whether DF, RT, GR, etc.) 3265.8 GL	12. County Lea

16.

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input checked="" type="checkbox"/>	OTHER <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.

Cactus Drilling Company spudded at 8 PM 1-11-69. Drilled 11" hole to 940'. Set 8-5/8" 24 and 32# J-55 Casing at 935'. Cemented with 650 sacks Class "C" with 2% Cacl. Circulated an estimated 90 sacks cement. WOC 24 hours, tested 8-5/8" casing with 1000# for 30 minutes, no drop in pressure.

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

Original Signed By

SIGNED **O. L. WADE**

TITLE **Area Supt.**

DATE **2-4-69**

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: