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NEW MEXICO OIL CONSERVATION COMMISSION

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

3-NMOCC
1-FILE

5a. Indicate Type of Lease
State Fee
5. State Oil & Gas Lease No.
B-2209

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 EAST EUMONT UNIT
3. Address of Operator P.O. BOX 249, HOBBS, NEW MEXICO 88240	9. Well No. 34
4. Location of Well UNIT LETTER L , 1980 FEET FROM THE SOUTH LINE AND 660 FEET FROM THE WEST LINE, SECTION 10 TOWNSHIP 19-S RANGE 37-E NMPM.	10. Field and Pool, or Wildcat EUMONT QUEEN
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"/>	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 JOB <input type="checkbox"/>	OTHER NIO WELL <input checked="" 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 1703.

THIS WELL WILL BE RETURNED TO ACTIVE STATUS AS THE NORTH SEGMENT IS DEVELOPED FOR WATERFLOOD IN THE NEAR FUTURE.

This well was shut-in during 1965.

Expires 11/1/75

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

ORIGINAL SIGNED BY:

SIGNED **C.L. WADE:** C. L. Wade TITLE **AREA SUPERINTENDENT** DATE **OCTOBER 22, 1974**

APPROVED BY: Joe D. ... TITLE: _____ DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

WLG/bh