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# NEW MEXICO OIL CONSERVATION COMMISSION

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     |                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br/>DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR.<br/>USE APPLICATION FOR PERMIT - 101 (FORM C-101) FOR SUCH PROPOSALS.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                     | <p>3a. Indicate Type of Lease<br/>State <input checked="" type="checkbox"/> Free <input type="checkbox"/></p>                                                                                                                                                               |                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     | <p>5. State Oil &amp; Gas Lease No.<br/><b>B-2330</b></p>                                                                                                                                                                                                                   |                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                                                                                                                                                                                                             |
| <p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     | <p>7. Unit Agreement Name</p>                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                                                                                                                                                                                                             |
| <p>2. Name of Operator<br/><b>GETTY OIL COMPANY</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     | <p>8. Form or Lease Name<br/><b>EAST EUMONT UNIT</b></p>                                                                                                                                                                                                                    |                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                                                                                                                                                                                                             |
| <p>3. Address of Operator<br/><b>P. O. Box 249, Hobbs, New Mexico 88240</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                     | <p>9. Well No.<br/><b>1 41</b></p>                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                                                                                                                                                                                                             |
| <p>4. Location of Well<br/>UNIT LETTER <b>E</b> <b>1980</b> FEET FROM THE <b>NORTH</b> LINE AND <b>660'</b> FEET FROM<br/>THE <b>WEST</b> LINE, SECTION <b>15</b> TOWNSHIP <b>19-S</b> RANGE <b>37-E</b> N.M.P.M.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                     | <p>10. Field and Pool, or Wildcat<br/><b>Eumont Y-7Ri-Q</b></p>                                                                                                                                                                                                             |                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                                                                                                                                                                                                             |
| <p>15. Elevation (Show whether DE, RT, GR, etc.)<br/><b>3661.5 KD</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                     | <p>12. County<br/><b>Lea</b></p>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                                                                                                                                                                                                             |
| <p>16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data</p> <table border="0"> <tr> <td> <p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> </td> <td> <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> </td> <td> <p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER <b>FILL CELLAR WITH SAND</b> <input checked="" type="checkbox"/></p> </td> </tr> </table> |                                                                                                                                     |                                                                                                                                                                                                                                                                             | <p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> | <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> | <p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER <b>FILL CELLAR WITH SAND</b> <input checked="" type="checkbox"/></p> |
| <p>NOTICE OF INTENTION TO:</p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>PLUG AND ABANDON <input type="checkbox"/></p> <p>CHANGE PLANS <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> | <p>SUBSEQUENT REPORT OF:</p> <p>REMEDIAL WORK <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/></p> <p>CASING TEST AND CEMENT JOB <input type="checkbox"/></p> <p>OTHER <b>FILL CELLAR WITH SAND</b> <input checked="" type="checkbox"/></p> |                                                                                                                                                                                                                                     |                                                                                                                                     |                                                                                                                                                                                                                                                                             |

7. 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.

Installed risers to ground level on all strings. Attached permanent identification tags to each. Filled cellar with sand. Job completed **MAY 6, 1976.**

NOTE: Cellar inspected before filling by Mr. Leslie Clements w/NMOCC.

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

SIGNED **C. S. Wade** TITLE **Area Superintendent** DATE **MAY 7, 1976**

PROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **MAY 7, 1976**

CONDITIONS OF APPROVAL, IF ANY: