

NMOCC
File

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

NEW MEXICO OIL CONSERVATION COMMISSION

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ND OFFICE		
ERATOR		

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
State "H" *Con*

9. Well No.
2

10. Field and Pool, or Wildcat
Bumont Gas

12. County
Lee

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.)

OIL WELL GAS WELL OTHER

Name of Operator
GETTY OIL COMPANY

Address of Operator
P. O. Box 249, Hobbs, New Mexico 88240

Location of Well
UNIT LETTER **K** **1980** FEET FROM THE **South** LINE AND **1980** FEET FROM
THE **West** LINE, SECTION **32** TOWNSHIP **19-S** RANGE **37-E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3587 DF

6. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
SUBSEQUENT REPORT OF:

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING

TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT

PULL OR ALTER CASING OTHER CASING TEST AND CEMENT JOB

OTHER Fill cellar w/sand

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.

Installed risers on 7", 9 5/8", and 13" casing strings brought to surface. Attached permanent type identification tags to each. Fill cellars w/sand.

Note: Before filling cellars w/sand, the above work was inspected on April 25, 1968, by Mr. Leslie Clements w/N.M.O.C.C. The 13" casing was open and there wasn't enough clearance to cement inside pipe. Set form and cemented around outside of pipe.

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 Superintendent DATE April 26, 1968

APPROVED BY *[Signature]* TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: