

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

NEW MEXICO OIL CONSERVATION COMMISSION
3-NMOCC
1-FILE
1-CONTINENTAL OIL COMPANY - HOBBS

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

5a. Indicate Type of Lease
 State Fee

5. State Oil & Gas Lease No.
E-274

7. Unit Agreement Name

8. Farm or Lease Name
EAST EUMONT UNIT

9. Well No.
84

10. Field and Pool, or Wildcat
EUMONT QUEEN

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 -" (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 249, HOBBS, NEW MEXICO 88240

4. Location of Well
 UNIT LETTER **B**, **660** FEET FROM THE **NORTH** LINE AND **1980** FEET FROM THE **EAST** LINE, SECTION **34** TOWNSHIP **19-S** RANGE **37-E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3617 D.F.

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 checked="" 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"/>	

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.

Additionally perforated 5-1/2" casing at 3686 to 3776' selectively with 22 jets. Treated well w/40,000 gals. gelled water with 40,000# 20-40 sand; 2500 gals. 15% NE; 950# benzoic acid and 950# rock salt in 4 stages. Maximum pressure 2700#; min. 2300#. Average injection rate 23 BPM. Final log indicated good treatment from 3696 to 3800' with some treatment from 3824-29'. Put well back on pump.

Production prior to workover was 22 BO and 43 BWPD; after workover tested 15 BO and 125 BWPD.

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 APRIL 11, 1973

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: