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AND OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-103
Supersedes Old
C-102 and C-101
Effective 1-1-65

3-OCD-HOBBS
1-B. BANKS
1-FILE

50. Indicate Type of Lease
State Fee

51. State Oil & Gas Lease No.
B-9312-5

7. Unit Agreement Name
West Dollarhide
Drinkard Unit

8. Form of Lease Name
West Dollarhide
Drinkard Unit

9. Well No.
76

10. Field and Pool, or Wildcat
Dollarhide Tubb Drinkard

12. County

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO OPERATE OR REEQUIP A WELL IN A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT TO DRILL (FORM C-102) FOR SUCH PROPOSALS.)

OIL WELL GAS WELL OTHER

Name of Operator
Getty Oil Company

Address of Operator
P. O. Box 730, Hobbs, NM 88240

Location of Well
UNIT LETTER A, 510 FEET FROM THE North LINE AND 810 FEET FROM
THE East LINE, SECTION 5 TOWNSHIP 25S RANGE 38E N.M.P.M.

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

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"/>
WELL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
		OTHER <u>Placed back on production</u> <input checked="" type="checkbox"/>	

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.

Well put back on production February, 1980.

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

APPROVED BY H. W. Terry TITLE Area Engineer DATE 5/8/80

APPROVED BY Jerry Denton TITLE _____ DATE MAY 12 1980

ADDITIONS OF APPROVAL, IF ANY: