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LAND OFFICE		
OPERATOR		

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 <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
E-6424	
7. Unit Agreement Name	
8. Farm or Lease Name	
EAST EUMONT UNIT	
9. Well No.	
21	
10. Field and Pool, or Wildcat	
EUMONT QUEEN	
15. Elevation (Show whether DF, RT, GR, etc.)	
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 **F**, **2061.5** FEET FROM THE **NORTH** LINE AND **1980** FEET FROM
THE **WEST** LINE, SECTION **3** TOWNSHIP **19-S** RANGE **37-E** NMPM.

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 JOBS <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 1103.

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.

SIGNED **C.L. WADE:** TITLE **AREA SUPERINTENDENT** DATE **10-22-74**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

WEG/bh

Orig. Signed by
Joe D. Jones
DATE