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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease  
State  Fee

5. State Oil & Gas Lease No.  
LG-968

SUNDRY NOTICES AND REPORTS ON WELLS

(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO CEMENT OR PLUG EACH TO A DIFFERENT RESERVOIR. USE APPLICATION FOR PERMIT ON FORM C-101 FOR SUCH PROPOSALS.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Getty Oil Company	8. Form or Lease Name Sims 27 State
3. Address of Operator P.O. Box 730, Hobbs, NM 88240	9. Well No. 1
4. Location of Well UNIT LETTER <u>G</u> <u>1980'</u> FEET FROM THE <u>North</u> LINE AND <u>1980'</u> FEET FROM THE <u>East</u> LINE, SECTION <u>27</u> TOWNSHIP <u>20S</u> RANGE <u>35E</u> NMPM.	10. Field and Pool, or Wildcat Wildcat
15. Elevation (Show whether DF, RT, GR, etc.) 3722.3' KB	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 <u>Set plug &amp; perf Atoka</u> <input checked="" type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <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.

1. Set CIBP @ 13300' on wireline.
2. Dump 35' cement on top of plug by dump bailer.
3. TIH with 4 1/2" packer to 12,400' and set.
4. Swab tubing dry to 11,000'.
5. Perforate the Atoka 2 SPF using 1 9/16" thru-tbg guns.
6. Flow & test.
7. Treat if warranted.

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

SIGNED D. B. Crockett TITLE Area Superintendent DATE July 12, 1982

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE July 13, 1982

CONDITIONS OF APPROVAL, IF ANY  
A - O & P