STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED BY
MAR 25 1985
O. C. D.
ARTESIA, OFFICE

Form C-103
Revised 10-1-73

5a. Indicate Type of Lease: State [X] Fee [ ]

5. State Oil & Gas Lease No.: V-993 & V-992

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 [X] OTHER-

7. Unit Agreement Name:

Name of Operator: Getty Oil Company ✓

8. Farm or Lease Name: Getty "IB" 32 State

Address of Operator: P. O. Box 728, Hobbs, New Mexico 88240

9. Well No.: 1-Y

Location of Well: UNIT LETTER K, 1300 FEET FROM THE South LINE AND 660 FEET FROM THE West LINE, SECTION 32 TOWNSHIP 21-S RANGE 24-E NMPM.

10. Field and Pool, or Wildcat: Indian Basin - Upper Pen

15. Elevation (Show whether DF, RT, GR, etc.): 4295' (GR)

12. County: Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK [ ]	PLUG AND ABANDON [ ]	REMEDIAL WORK [ ]	ALTERING CASING [ ]
TEMPORARILY ABANDON [ ]		COMMENCE DRILLING OPNS. [ ]	PLUG AND ABANDONMENT [ ]
PULL OR ALTER CASING [ ]	CHANGE PLANS [ ]	CASING TEST AND CEMENT JOB [ ]	
OTHER [ ]		OTHER Completion [XX]	

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.

TOTAL DEPTH 8191'
Plug Back Total Depth
13 3/8" OD 54.5# K-55 Csg. set @ 524'
9 5/8" OD 32.3# and 36# J-55 and H-40 Csg. set @ 2405'
7" OD 26# K-55 and L-80 Csg. set @ 8132'

1. Rig up completion unit.
2. Perforate 7" OD Csg. w/2-JSPF from 7802-7822'. (41 holes)
3. Acidized 7802-7822' w/8000 gal. 15% NEA. Using 62 balls.
4. Ran 4-pt Tst. 3/7/85.
   Well is shut in waiting on gas sales connection

✓
Please Put Approved Copy in Texaco Inc., District Office

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

SIGNED W. B. [illegible] TITLE Dist. Operations Manager DATE March 21, 1985

Original Signed By
Leslie A. Clements
Supervisor District II

APPROVED BY _____ TITLE _____ DATE APR 2 1985

CONDITIONS OF APPROVAL, IF ANY: