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NEW MEXICO OIL CONSERVATION COMMISSION

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

5a. Indicate Type of Lease
State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.
E-2869

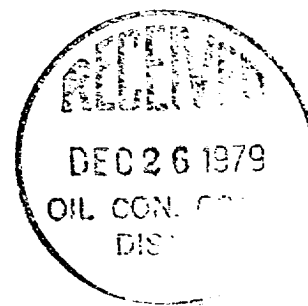
SUNDRY NOTICES AND REPORTS ON WELLS	
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Getty Oil Company	Don Turrietta
3. Address of Operator	9. Well No.
Box 3360, Casper, WY 82602	1
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER Q, 790 FEET FROM THE South LINE AND 1480 FEET FROM	Blanco P.C.
THE East LINE, SECTION 32 TOWNSHIP 30 N RANGE 8 W N.M.P.M.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
6293' GL	San Juan

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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	OTHER <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	
OTHER Extension of Approval to Drill <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.

Due to an extended fishing job and sidetracking operations on another hole, the subject well was not drilled within the 90 day approval period. Therefore, we are requesting a 90 day extension of approval to drill the well.

APPROVAL VALID
FOR 90 DAYS UNLESS
DRILLING COMMENCED,
EXPIRES 3-18-80



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

SIGNED W. E. Leab TITLE Area Superintendent DATE 12-19-79

Original Signed by A. R. Kendrie

APPROVED BY _____ TITLE _____ SUPERVISOR DISTRICT # 3 DATE DEC 26 1979

CONDITIONS OF APPROVAL, IF ANY: