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HOBBS OFFICE O. C. C.
NEW MEXICO OIL CONSERVATION COMMISSION

3 - MBOCC
1 - File

APR 21 9 33 AM '69

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.

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER- <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator Getty Oil Company	8. Farm or Lease Name State "BH" Com.
3. Address of Operator Box 249, Hobbs, N. Mex.	9. Well No. 1
4. Location of Well UNIT LETTER B 660 FEET FROM THE North LINE AND 1980 FEET FROM THE East LINE, SECTION 12 TOWNSHIP 14S RANGE 32E N.M.P.M.	10. Field and Pool, or Wildcat Barn Upper Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4277.4 GL	12. County Lee

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 checked="" type="checkbox"/>
OTHER <input type="checkbox"/>	OTHER <input type="checkbox"/>
PLUG AND ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
CHANGE PLANS <input type="checkbox"/>	PLUG AND ABANDONMENT <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.

Marcum Drilling Company spudded at 1:30 PM 4-15-69. Drilled 17-1/2" hole to 418'. Set 13-3/8" 48# N-40 SR casing @ 414'. Cemented with 500 sacks regular with 2% Caol. Circulated an estimated 100 sacks cement. WOC 24 hours, tested casing with 700# for 30 minutes, OK, no drop in pressure.

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

Original Signed By

SIGNED C. L. WADE TITLE Area Supt. DATE 4-18-69

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: