

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
OPERATOR		

30-025-28893

5a. Indicate Type of Lease
State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
Lovington Lumpkin "20"

9. Well No.
L-Y

10. Field and Pool, or Wildcat
N.E. Lovington Penn

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 - 1" (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 728, Hobbs, New Mexico 38240

4. Location of Well
UNIT LETTER **I** **1980** FEET FROM THE **south** LINE AND **660** FEET FROM
East LINE, SECTION **20** TOWNSHIP **16-S** RANGE **37-E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
3808.1' (GR)

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 checked="" 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 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.

**SPUD 17 1/2" HOLE, 8:45 AM, 9-4-84
TOTAL DEPTH 460'**

- Ran 446' (11 Jts.) 13 3/8" OD 48# H-40 Csg & Set @ 460'.
- Cement W/650 SX Class C Cement containing 2% CaCl. Cement Circulated. Job complete 10:45 PM, 9-4-84. WOC in excess of 18 hrs.
- Tested 13 3/8" Csg to 600# for 30 minutes. 8:00-8:30 PM, 9-5-84. Tested OK. Job complete 8:30 PM, 9-5-85.

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

SIGNED *W. Bahr* TITLE **Dist. OPR. MGR.** DATE **1-31-85**

APPROVED BY **JERRY SIXTON** DISTRICT I SUPERVISOR TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB - 6 1985

RECEIVED

FEB - 5 1985

O.C.C.
HOBBY OFFICE :