

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-73

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O+2 - NMOCD - P.O. Box 1980 1 - Foreman
Hobbs, NM 88240 1 - WIO's
1 - Engr. 1 - File

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 East Eumont <i>Unit</i> |
| 3. Address of Operator P.O. Box 730 Hobbs, NM 88240 | 9. Well No. 119 |
| 4. Location of Well UNIT LETTER <u>J</u> <u>1980</u> FEET FROM THE <u>South</u> LINE AND <u>2310</u> FEET FROM THE <u>East</u> LINE, SECTION <u>1</u> TOWNSHIP <u>20S</u> RANGE <u>37E</u> NMPM. | 10. Field and Pool, or Wildcat Eumont-Yates-7R-Queen |
| 15. Elevation (Show whether DF, RT, GR, etc.) 3583.5 DF | 12. County Lea |

16.

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON
TEMPORARILY ABANDON CHANGE PLANS
PULL OR ALTER CASING OTHER

SUBSEQUENT REPORT OF:

REMEDIAL WORK ALTERING CASING
COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT
CASING TEST AND CEMENT JOB OTHER

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. Rig up pulling unit and pull rods.
2. Install BOP and pull tubing.
3. GIH with workstring, scrapper and bit and clean out to TD.
4. POH.
5. GIH with workstring and packer and spot 15% NE-FE acid across perms.
6. Pull up and set pkr 100' above perms.
7. Fracture treat down tubing as per service company's recommendation.
8. POH with workstring and pkr.
9. GIH with tbq and swab or pump back load.
10. Put on production and test.

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

SIGNED Dale R. Crockett TITLE Area Superintendent DATE 12/29/81

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: