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NEW MEXICO OIL CONSERVATION COMMISSION

3 - NMOC
1 - File

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 O. K. Lovejoy
3. Address of Operator P. O. Box 249, Hobbs, New Mexico 88240	9. Well No. 1
4. Location of Well UNIT LETTER E 1980 FEET FROM THE North LINE AND 660 FEET FROM THE West LINE, SECTION 14 TOWNSHIP 9S RANGE 36E NMPM.	10. Field and Pool, or Wildcat Allison Penn
15. Elevation (Show whether DF, RT, GR, etc.) 4049 Gr.	12. County Lee

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input checked="" 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 type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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.

Well is currently pumping 4 BO and 34 BWP from the Bough "C" (Penn) perforations 9692 - 9712'. It is proposed to run CIBP on wireline and set at 9650', above Model D packer at 9665'. Run GR tie-in log and perforate 9351 - 9583' (Wolfcamp) and treat with 2000 gals 15% Unisol acid. Run tubing and swab test well.

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 Superintendent DATE 2-15-68

APPROVED BY [Signature] TITLE SUPERVISOR DISTRICT 1 DATE _____

CONDITIONS OF APPROVAL, IF ANY: