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NEW MEXICO OIL CONSERVATION COMMISSION

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER-<br>2. Name of Operator<br><b>Getty Oil Company</b><br>3. Address of Operator<br><b>Box 249, Hobbs, New Mexico</b><br>4. Location of Well<br>UNIT LETTER <b>H</b> . <b>1980</b> FEET FROM THE <b>North</b> LINE AND <b>990</b> FEET FROM<br>THE <b>East</b> LINE, SECTION <b>27</b> TOWNSHIP <b>12S</b> RANGE <b>34E</b> NMPM.<br>15. Elevation (Show whether DF, RT, GR, etc.)<br><b>4154.5' GL</b> | 7. Unit Agreement Name<br>8. Farm or Lease Name<br><b>State "B"</b><br>9. Well No.<br><b>3</b><br>10. Field and Pool, or Wildcat<br><b>Undesignated</b><br>12. County<br><b>Lea</b> |
|--|---|

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.

Drilled 11" hole to 4200'. Set 8-5/8" 32# J-55 8R casing at 4198'. Cemented with 1435 sx Incon-Pozmix with 4% gel and 5# salt per sack and 200 sx Incon neat. Circulated an estimated 270 sx cement.

WOC 24 hours, tested 8-5/8" casing with 1200# for 30 minutes, 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 Superintendent DATE May 16, 1969

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY: