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OPERATOR	

NEW MEXICO OIL CONSERVATION COMMISSION

3 - OCC
1 - File

Form C-103
Supersedes Old
C-102 and C-103
Effective 1-1-65

5a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
5. State Oil & Gas Lease No.	
7. Unit Agreement Name	
8. Farm or Lease Name	
State "BH"	
9. Well No.	
2	
10. Field and Pool, or Wildcat	
Baum Upper 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 -" (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 249, Hobbs, New Mexico 88240

4. Location of Well
UNIT LETTER **F**, **1980** FEET FROM THE **North** LINE AND **1980** FEET FROM
THE **West** LINE, SECTION **12** TOWNSHIP **14S** RANGE **32E** N.M.P.M.

15. Elevation (Show whether DF, RT, GR, etc.)
4280.4 GR

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

NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REVEDIAL 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.

Drilled 11" hole to 4100'. Set 8-5/8" 24 and 32# J-55 Casing at 4097'. Cemented with 650 sacks BJ Lite with 5# salt per sack and 200 sacks Incor neat. Temperature survey indicated top of cement at 700'. WOC 18 hours. Tested 8-5/8" casing at 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: C. L. Wade
SIGNED: C. L. Wade TITLE: Area Supt. DATE: 9-5-69

APPROVED BY: [Signature] TITLE: SUPERVISOR DISTRICT DATE: SEP 8 1969

CONDITIONS OF APPROVAL, IF ANY: